

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$956,229	\$404,540	(\$551,689)	-58%
2	Short Term Investments	\$224,305	\$225,160	\$855	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$12,622,341	\$12,293,728	(\$328,613)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$676,168	\$654,070	(\$22,098)	-3%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$774,644	\$861,132	\$86,488	11%
8	Prepaid Expenses	\$751,650	\$613,086	(\$138,564)	-18%
9	Other Current Assets	\$715,740	\$1,770,456	\$1,054,716	147%
	<b>Total Current Assets</b>	<b>\$16,721,077</b>	<b>\$16,822,172</b>	<b>\$101,095</b>	<b>1%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$727,662	\$761,871	\$34,209	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,076,619	\$919,295	(\$157,324)	-15%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$1,804,281</b>	<b>\$1,681,166</b>	<b>(\$123,115)</b>	<b>-7%</b>
5	Interest in Net Assets of Foundation	\$745,924	\$789,204	\$43,280	6%
6	Long Term Investments	\$20,575,753	\$12,311,143	(\$8,264,610)	-40%
7	Other Noncurrent Assets	\$0	\$3,038,843	\$3,038,843	0%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$72,022,773	\$72,359,288	\$336,515	0%
2	Less: Accumulated Depreciation	\$47,323,119	\$48,777,136	\$1,454,017	3%
	<b>Property, Plant and Equipment, Net</b>	<b>\$24,699,654</b>	<b>\$23,582,152</b>	<b>(\$1,117,502)</b>	<b>-5%</b>
3	Construction in Progress	\$36,667	\$0	(\$36,667)	-100%
	<b>Total Net Fixed Assets</b>	<b>\$24,736,321</b>	<b>\$23,582,152</b>	<b>(\$1,154,169)</b>	<b>-5%</b>
	<b>Total Assets</b>	<b>\$64,583,356</b>	<b>\$58,224,680</b>	<b>(\$6,358,676)</b>	<b>-10%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <b>LIABILITIES AND NET ASSETS</b>					
A. <b>Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$4,033,312	\$4,350,123	\$316,811	8%
2	Salaries, Wages and Payroll Taxes	\$6,308,053	\$6,702,468	\$394,415	6%
3	Due To Third Party Payers	\$2,024,212	\$895,803	(\$1,128,409)	-56%
4	Due To Affiliates	\$0	\$11,500	\$11,500	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$955,684	\$935,367	(\$20,317)	-2%
7	Other Current Liabilities	\$2,859,722	\$3,299,189	\$439,467	15%
	<b>Total Current Liabilities</b>	<b>\$16,180,983</b>	<b>\$16,194,450</b>	<b>\$13,467</b>	<b>0%</b>
B. <b>Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$935,367	\$0	(\$935,367)	-100%
	<b>Total Long Term Debt</b>	<b>\$935,367</b>	<b>\$0</b>	<b>(\$935,367)</b>	<b>-100%</b>
3	Accrued Pension Liability	\$30,733,115	\$29,974,311	(\$758,804)	-2%
4	Other Long Term Liabilities	\$1,238,672	\$4,785,456	\$3,546,784	286%
	<b>Total Long Term Liabilities</b>	<b>\$32,907,154</b>	<b>\$34,759,767</b>	<b>\$1,852,613</b>	<b>6%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <b>Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$14,195,295	\$5,927,259	(\$8,268,036)	-58%
2	Temporarily Restricted Net Assets	\$626,161	\$669,441	\$43,280	7%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	<b>Total Net Assets</b>	<b>\$15,495,219</b>	<b>\$7,270,463</b>	<b>(\$8,224,756)</b>	<b>-53%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$64,583,356</b>	<b>\$58,224,680</b>	<b>(\$6,358,676)</b>	<b>-10%</b>

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$184,109,979	\$189,422,163	\$5,312,184	3%
2	Less: Allowances	\$104,061,678	\$104,777,915	\$716,237	1%
3	Less: Charity Care	\$187,766	\$192,533	\$4,767	3%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$79,860,535</b>	<b>\$84,451,715</b>	<b>\$4,591,180</b>	<b>6%</b>
5	Other Operating Revenue	\$653,094	\$2,505,143	\$1,852,049	284%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$80,513,629</b>	<b>\$86,956,858</b>	<b>\$6,443,229</b>	<b>8%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$37,951,254	\$37,965,219	\$13,965	0%
2	Fringe Benefits	\$13,426,961	\$14,538,699	\$1,111,738	8%
3	Physicians Fees	\$254,333	\$1,056,109	\$801,776	315%
4	Supplies and Drugs	\$11,119,793	\$11,388,780	\$268,987	2%
5	Depreciation and Amortization	\$3,208,305	\$2,796,910	(\$411,395)	-13%
6	Bad Debts	\$7,611,773	\$7,028,914	(\$582,859)	-8%
7	Interest	\$168,405	\$102,151	(\$66,254)	-39%
8	Malpractice	\$798,342	\$2,550,199	\$1,751,857	219%
9	Other Operating Expenses	\$11,048,356	\$13,258,873	\$2,210,517	20%
	<b>Total Operating Expenses</b>	<b>\$85,587,522</b>	<b>\$90,685,854</b>	<b>\$5,098,332</b>	<b>6%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$5,073,893)</b>	<b>(\$3,728,996)</b>	<b>\$1,344,897</b>	<b>-27%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$2,111,132	\$1,939,024	(\$172,108)	-8%
2	Gifts, Contributions and Donations	\$325	\$740	\$415	128%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$2,111,457</b>	<b>\$1,939,764</b>	<b>(\$171,693)</b>	<b>-8%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$2,962,436)</b>	<b>(\$1,789,232)</b>	<b>\$1,173,204</b>	<b>-40%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	(\$2,445,378)	\$3,465	\$2,448,843	-100%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>(\$2,445,378)</b>	<b>\$3,465</b>	<b>\$2,448,843</b>	<b>-100%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$5,407,814)</b>	<b>(\$1,785,767)</b>	<b>\$3,622,047</b>	<b>-67%</b>
	Principal Payments	\$892,497	\$955,684	\$63,187	7%

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$43,074,569	\$44,902,620	\$1,828,051	4%
2	MEDICARE MANAGED CARE	\$14,098,905	\$16,128,137	\$2,029,232	14%
3	MEDICAID	\$4,685,459	\$3,822,623	(\$862,836)	-18%
4	MEDICAID MANAGED CARE	\$2,965,827	\$1,628,161	(\$1,337,666)	-45%
5	CHAMPUS/TRICARE	\$105,839	\$27,348	(\$78,491)	-74%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$28,160,396	\$27,710,776	(\$449,620)	-2%
8	WORKER'S COMPENSATION	\$416,104	\$564,577	\$148,473	36%
9	SELF- PAY/UNINSURED	\$1,800,823	\$1,735,686	(\$65,137)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$29,117	\$26,850	(\$2,267)	-8%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$95,337,039</b>	<b>\$96,546,778</b>	<b>\$1,209,739</b>	<b>1%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$19,680,255	\$20,040,622	\$360,367	2%
2	MEDICARE MANAGED CARE	\$7,711,728	\$9,120,275	\$1,408,547	18%
3	MEDICAID	\$5,235,091	\$6,182,172	\$947,081	18%
4	MEDICAID MANAGED CARE	\$7,026,190	\$7,949,219	\$923,029	13%
5	CHAMPUS/TRICARE	\$218,812	\$193,576	(\$25,236)	-12%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$43,732,597	\$43,896,704	\$164,107	0%
8	WORKER'S COMPENSATION	\$1,300,776	\$1,403,091	\$102,315	8%
9	SELF- PAY/UNINSURED	\$3,757,990	\$3,892,808	\$134,818	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$109,502	\$196,919	\$87,417	80%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$88,772,941</b>	<b>\$92,875,386</b>	<b>\$4,102,445</b>	<b>5%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$62,754,824	\$64,943,242	\$2,188,418	3%
2	MEDICARE MANAGED CARE	\$21,810,633	\$25,248,412	\$3,437,779	16%
3	MEDICAID	\$9,920,550	\$10,004,795	\$84,245	1%
4	MEDICAID MANAGED CARE	\$9,992,017	\$9,577,380	(\$414,637)	-4%
5	CHAMPUS/TRICARE	\$324,651	\$220,924	(\$103,727)	-32%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$71,892,993	\$71,607,480	(\$285,513)	0%
8	WORKER'S COMPENSATION	\$1,716,880	\$1,967,668	\$250,788	15%
9	SELF- PAY/UNINSURED	\$5,558,813	\$5,628,494	\$69,681	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$138,619	\$223,769	\$85,150	61%
	<b>TOTAL GROSS REVENUE</b>	<b>\$184,109,980</b>	<b>\$189,422,164</b>	<b>\$5,312,184</b>	<b>3%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$12,559,405	\$16,439,612	\$3,880,207	31%
2	MEDICARE MANAGED CARE	\$8,121,966	\$5,332,698	(\$2,789,268)	-34%
3	MEDICAID	\$1,110,995	\$665,727	(\$445,268)	-40%
4	MEDICAID MANAGED CARE	\$1,094,642	\$540,759	(\$553,883)	-51%
5	CHAMPUS/TRICARE	\$46,183	\$9,678	(\$36,505)	-79%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$13,314,993	\$12,033,028	(\$1,281,965)	-10%
8	WORKER'S COMPENSATION	\$240,299	\$361,869	\$121,570	51%
9	SELF- PAY/UNINSURED	\$34,130	\$77,021	\$42,891	126%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$18,017	\$6,495	(\$11,522)	-64%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$36,540,630</b>	<b>\$35,466,887</b>	<b>(\$1,073,743)</b>	<b>-3%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$4,833,331	\$5,296,162	\$462,831	10%
2	MEDICARE MANAGED CARE	\$3,673,571	\$2,564,344	(\$1,109,227)	-30%
3	MEDICAID	\$941,780	\$1,750,530	\$808,750	86%
4	MEDICAID MANAGED CARE	\$2,042,143	\$2,220,479	\$178,336	9%
5	CHAMPUS/TRICARE	\$84,314	\$61,535	(\$22,779)	-27%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$20,002,972	\$21,874,014	\$1,871,042	9%
8	WORKER'S COMPENSATION	\$911,844	\$985,060	\$73,216	8%
9	SELF- PAY/UNINSURED	\$246,883	\$172,743	(\$74,140)	-30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$67,760	\$47,480	(\$20,280)	-30%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$32,804,598</b>	<b>\$34,972,347</b>	<b>\$2,167,749</b>	<b>7%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$17,392,736	\$21,735,774	\$4,343,038	25%
2	MEDICARE MANAGED CARE	\$11,795,537	\$7,897,042	(\$3,898,495)	-33%
3	MEDICAID	\$2,052,775	\$2,416,257	\$363,482	18%
4	MEDICAID MANAGED CARE	\$3,136,785	\$2,761,238	(\$375,547)	-12%
5	CHAMPUS/TRICARE	\$130,497	\$71,213	(\$59,284)	-45%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$33,317,965	\$33,907,042	\$589,077	2%
8	WORKER'S COMPENSATION	\$1,152,143	\$1,346,929	\$194,786	17%
9	SELF- PAY/UNINSURED	\$281,013	\$249,764	(\$31,249)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$85,777	\$53,975	(\$31,802)	-37%
	<b>TOTAL NET REVENUE</b>	<b>\$69,345,228</b>	<b>\$70,439,234</b>	<b>\$1,094,006</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,571	1,444	(127)	-8%
2	MEDICARE MANAGED CARE	479	542	63	13%
3	MEDICAID	179	190	11	6%
4	MEDICAID MANAGED CARE	338	159	(179)	-53%
5	CHAMPUS/TRICARE	8	3	(5)	-63%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	1,705	1,162	(543)	-32%
8	WORKER'S COMPENSATION	14	15	1	7%
9	SELF- PAY/UNINSURED	78	63	(15)	-19%
10	SAGA	0	0	0	0%
11	OTHER	2	2	0	0%
	<b>TOTAL DISCHARGES</b>	<b>4,374</b>	<b>3,580</b>	<b>(794)</b>	<b>-18%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	7,363	6,760	(603)	-8%
2	MEDICARE MANAGED CARE	2,214	2,438	224	10%
3	MEDICAID	778	813	35	4%
4	MEDICAID MANAGED CARE	984	434	(550)	-56%
5	CHAMPUS/TRICARE	27	9	(18)	-67%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	5,591	3,989	(1,602)	-29%
8	WORKER'S COMPENSATION	36	56	20	56%
9	SELF- PAY/UNINSURED	311	252	(59)	-19%
10	SAGA	0	0	0	0%
11	OTHER	8	5	(3)	-38%
	<b>TOTAL PATIENT DAYS</b>	<b>17,312</b>	<b>14,756</b>	<b>(2,556)</b>	<b>-15%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	8,151	8,336	185	2%
2	MEDICARE MANAGED CARE	5,133	4,069	(1,064)	-21%
3	MEDICAID	3,576	3,824	248	7%
4	MEDICAID MANAGED CARE	7,107	6,754	(353)	-5%
5	CHAMPUS/TRICARE	187	149	(38)	-20%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	33,450	30,248	(3,202)	-10%
8	WORKER'S COMPENSATION	1,059	961	(98)	-9%
9	SELF- PAY/UNINSURED	3,048	2,887	(161)	-5%
10	SAGA	0	0	0	0%
11	OTHER	112	124	12	11%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>61,823</b>	<b>57,352</b>	<b>(4,471)</b>	<b>-7%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$7,168,302	\$7,293,771	\$125,469	2%
2	MEDICARE MANAGED CARE	\$2,430,205	\$2,920,343	\$490,138	20%
3	MEDICAID	\$4,213,079	\$4,447,121	\$234,042	6%
4	MEDICAID MANAGED CARE	\$5,005,305	\$5,705,539	\$700,234	14%
5	CHAMPUS/TRICARE	\$127,514	\$135,312	\$7,798	6%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$18,318,386	\$18,118,342	(\$200,044)	-1%
8	WORKER'S COMPENSATION	\$833,614	\$838,666	\$5,052	1%
9	SELF- PAY/UNINSURED	\$3,356,904	\$3,333,640	(\$23,264)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$91,955	\$130,545	\$38,590	42%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$41,545,264</b>	<b>\$42,923,279</b>	<b>\$1,378,015</b>	<b>3%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,896,507	\$1,757,514	(\$138,993)	-7%
2	MEDICARE MANAGED CARE	\$855,857	\$767,921	(\$87,936)	-10%
3	MEDICAID	\$791,975	\$1,104,837	\$312,862	40%
4	MEDICAID MANAGED CARE	\$1,488,419	\$1,532,956	\$44,537	3%
5	CHAMPUS/TRICARE	\$45,540	\$42,700	(\$2,840)	-6%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$8,100,837	\$9,335,602	\$1,234,765	15%
8	WORKER'S COMPENSATION	\$479,064	\$608,828	\$129,764	27%
9	SELF- PAY/UNINSURED	\$220,549	\$213,529	(\$7,020)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$45,159	\$26,560	(\$18,599)	-41%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$13,923,907</b>	<b>\$15,390,447</b>	<b>\$1,466,540</b>	<b>11%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	4,088	4,007	(81)	-2%
2	MEDICARE MANAGED CARE	1,368	1,520	152	11%
3	MEDICAID	3,118	3,196	78	3%
4	MEDICAID MANAGED CARE	4,994	5,205	211	4%
5	CHAMPUS/TRICARE	144	122	(22)	-15%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,737	15,761	(976)	-6%
8	WORKER'S COMPENSATION	901	845	(56)	-6%
9	SELF- PAY/UNINSURED	2,833	2,656	(177)	-6%
10	SAGA	0	0	0	0%
11	OTHER	109	115	6	6%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>34,292</b>	<b>33,427</b>	<b>(865)</b>	<b>-3%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$16,272,813	\$16,612,248	\$339,435	2%
2	Physician Salaries	\$5,349,273	\$5,506,935	\$157,662	3%
3	Non-Nursing, Non-Physician Salaries	\$16,329,168	\$15,846,036	(\$483,132)	-3%
	<b>Total Salaries &amp; Wages</b>	<b>\$37,951,254</b>	<b>\$37,965,219</b>	<b>\$13,965</b>	<b>0%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$6,268,543	\$6,871,624	\$603,081	10%
2	Physician Fringe Benefits	\$867,350	\$771,654	(\$95,696)	-11%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,291,068	\$6,895,421	\$604,353	10%
	<b>Total Fringe Benefits</b>	<b>\$13,426,961</b>	<b>\$14,538,699</b>	<b>\$1,111,738</b>	<b>8%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$106,776	\$149,330	\$42,554	40%
2	Physician Fees	\$254,333	\$1,056,109	\$801,776	315%
3	Non-Nursing, Non-Physician Fees	\$50	\$0	(\$50)	-100%
	<b>Total Contractual Labor Fees</b>	<b>\$361,159</b>	<b>\$1,205,439</b>	<b>\$844,280</b>	<b>234%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$9,386,927	\$9,629,635	\$242,708	3%
2	Pharmaceutical Costs	\$1,732,866	\$1,759,145	\$26,279	2%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$11,119,793</b>	<b>\$11,388,780</b>	<b>\$268,987</b>	<b>2%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$1,489,826	\$1,391,027	(\$98,799)	-7%
2	Depreciation-Equipment	\$1,708,953	\$1,396,357	(\$312,596)	-18%
3	Amortization	\$9,526	\$9,526	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$3,208,305</b>	<b>\$2,796,910</b>	<b>(\$411,395)</b>	<b>-13%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$7,611,773	\$7,028,914	(\$582,859)	-8%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$168,405	\$102,151	(\$66,254)	-39%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$798,342	\$2,550,199	\$1,751,857	219%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$62,849	\$92,807	\$29,958	48%
2	Natural Gas	\$581,422	\$437,281	(\$144,141)	-25%
3	Oil	\$0	\$29,179	\$29,179	0%
4	Electricity	\$993,023	\$1,031,851	\$38,828	4%
5	Telephone	\$83,870	\$66,168	(\$17,702)	-21%
6	Other Utilities	\$50,480	\$54,153	\$3,673	7%
	<b>Total Utilities</b>	<b>\$1,771,644</b>	<b>\$1,711,439</b>	<b>(\$60,205)</b>	<b>-3%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$155,159	\$153,779	(\$1,380)	-1%
2	Legal Fees	\$134,345	\$190,551	\$56,206	42%
3	Consulting Fees	\$404,951	\$280,441	(\$124,510)	-31%
4	Dues and Membership	\$203,633	\$215,685	\$12,052	6%
5	Equipment Leases	\$140,464	\$172,126	\$31,662	23%
6	Building Leases	\$135,688	\$138,974	\$3,286	2%
7	Repairs and Maintenance	\$389,602	\$431,561	\$41,959	11%
8	Insurance	\$120,968	\$100,291	(\$20,677)	-17%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$12,574	\$24,478	\$11,904	95%
10	Conferences	\$20,373	\$18,152	(\$2,221)	-11%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$1,429,373	\$1,209,912	(\$219,461)	-15%
13	Licenses and Subscriptions	\$179,897	\$145,572	(\$34,325)	-19%
14	Postage and Shipping	\$41,959	\$32,635	(\$9,324)	-22%
15	Advertising	\$110,496	\$178,555	\$68,059	62%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$808,944	\$808,944	0%
20	Lab Fees / Red Cross charges	\$0	\$872,090	\$872,090	0%
21	Billing & Collection / Bank Fees	\$0	\$378,200	\$378,200	0%
22	Recruiting / Employee Education & Recognition	\$0	\$59,938	\$59,938	0%
23	Laundry / Linen	\$0	\$311,748	\$311,748	0%
24	Professional / Physician Fees	\$0	\$126,266	\$126,266	0%
25	Waste disposal	\$0	\$37,636	\$37,636	0%
26	Purchased Services - Medical	\$0	\$785,536	\$785,536	0%
27	Purchased Services - Non Medical	\$0	\$769,230	\$769,230	0%
28	Other Business Expenses	\$4,193,714	\$2,688,889	(\$1,504,825)	-36%
	<b>Total Business Expenses</b>	<b>\$7,673,196</b>	<b>\$10,131,189</b>	<b>\$2,457,993</b>	<b>32%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$1,496,690	\$1,266,915	(\$229,775)	-15%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$85,587,522</b>	<b>\$90,685,854</b>	<b>\$5,098,332</b>	<b>6%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$2,800,636	\$4,662,384	\$1,861,748	66%
2	General Accounting	\$626,917	\$678,395	\$51,478	8%
3	Patient Billing & Collection	\$1,604,105	\$1,613,808	\$9,703	1%
4	Admitting / Registration Office	\$628,822	\$678,806	\$49,984	8%
5	Data Processing	\$2,108,747	\$2,042,452	(\$66,295)	-3%
6	Communications	\$455,172	\$372,752	(\$82,420)	-18%
7	Personnel	\$362,556	\$409,348	\$46,792	13%
8	Public Relations	\$174,828	\$171,224	(\$3,604)	-2%
9	Purchasing	\$221,075	\$249,324	\$28,249	13%
10	Dietary and Cafeteria	\$1,842,783	\$1,813,820	(\$28,963)	-2%
11	Housekeeping	\$1,171,540	\$1,157,547	(\$13,993)	-1%
12	Laundry & Linen	\$106,822	\$28,518	(\$78,304)	-73%
13	Operation of Plant	\$3,507,779	\$3,494,126	(\$13,653)	0%
14	Security	\$235,951	\$234,339	(\$1,612)	-1%
15	Repairs and Maintenance	\$771,811	\$795,805	\$23,994	3%
16	Central Sterile Supply	\$396,255	\$403,320	\$7,065	2%
17	Pharmacy Department	\$2,579,187	\$2,621,443	\$42,256	2%
18	Other General Services	\$14,999,565	\$18,479,412	\$3,479,847	23%
	<b>Total General Services</b>	<b>\$34,594,551</b>	<b>\$39,906,823</b>	<b>\$5,312,272</b>	<b>15%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$688,785	\$710,555	\$21,770	3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,252,705	\$1,866,682	\$613,977	49%
4	Medical Records	\$1,231,416	\$885,186	(\$346,230)	-28%



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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$271,933	\$282,309	\$10,376	4%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$3,444,839</b>	<b>\$3,744,732</b>	<b>\$299,893</b>	<b>9%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$2,175,282	\$1,940,094	(\$235,188)	-11%
2	Recovery Room	\$425,696	\$439,725	\$14,029	3%
3	Anesthesiology	\$135,023	\$87,278	(\$47,745)	-35%
4	Delivery Room	\$214,626	\$180,697	(\$33,929)	-16%
5	Diagnostic Radiology	\$2,703,486	\$2,672,857	(\$30,629)	-1%
6	Diagnostic Ultrasound	\$443,738	\$483,374	\$39,636	9%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$640,103	\$636,616	(\$3,487)	-1%
10	Laboratory	\$4,563,049	\$4,282,224	(\$280,825)	-6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$116,978	\$112,481	(\$4,497)	-4%
14	Electroencephalography	\$14,401	\$15,653	\$1,252	9%
15	Occupational Therapy	\$71,134	\$62,578	(\$8,556)	-12%
16	Speech Pathology	\$29,249	\$33,170	\$3,921	13%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,024,613	\$941,133	(\$83,480)	-8%
19	Pulmonary Function	\$105,461	\$98,606	(\$6,855)	-7%
20	Intravenous Therapy	\$338,113	\$282,295	(\$55,818)	-17%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$136,660	\$134,383	(\$2,277)	-2%
24	Emergency Room	\$7,178,630	\$7,107,841	(\$70,789)	-1%
25	MRI	\$411,156	\$395,953	(\$15,203)	-4%
26	PET Scan	\$70,321	\$80,882	\$10,561	15%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$615,134	\$629,218	\$14,084	2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$375,140	\$543,896	\$168,756	45%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$15,109,990	\$15,633,995	\$524,005	3%
	<b>Total Special Services</b>	<b>\$36,897,983</b>	<b>\$36,794,949</b>	<b>(\$103,034)</b>	<b>0%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$5,823,432	\$5,826,172	\$2,740	0%
2	Intensive Care Unit	\$2,216,800	\$2,129,499	(\$87,301)	-4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,030,204	\$867,344	(\$162,860)	-16%
7	Newborn Nursery Unit	\$1,030,204	\$867,344	(\$162,860)	-16%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$549,509	\$548,991	(\$518)	0%
11	Home Care	\$0	\$0	\$0	0%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$78,229,898	\$ 79,860,535	\$84,451,715
2	Other Operating Revenue	1,165,893	653,094	2,505,143
3	Total Operating Revenue	\$79,395,791	\$80,513,629	\$86,956,858
4	Total Operating Expenses	86,047,738	85,587,522	90,685,854
5	Income/(Loss) From Operations	(\$6,651,947)	(\$5,073,893)	(\$3,728,996)
6	Total Non-Operating Revenue	2,825,570	(333,921)	1,943,229
7	Excess/(Deficiency) of Revenue Over Expenses	(\$3,826,377)	(\$5,407,814)	(\$1,785,767)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-8.09%	-6.33%	-4.19%
2	Hospital Non Operating Margin	3.44%	-0.42%	2.19%
3	Hospital Total Margin	-4.65%	-6.74%	-2.01%
4	Income/(Loss) From Operations	(\$6,651,947)	(\$5,073,893)	(\$3,728,996)
5	Total Operating Revenue	\$79,395,791	\$80,513,629	\$86,956,858
6	Total Non-Operating Revenue	\$2,825,570	(\$333,921)	\$1,943,229
7	Total Revenue	\$82,221,361	\$80,179,708	\$88,900,087
8	Excess/(Deficiency) of Revenue Over Expenses	(\$3,826,377)	(\$5,407,814)	(\$1,785,767)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$25,485,476	\$14,195,295	\$5,927,259
2	Hospital Total Net Assets	\$26,811,974	\$15,495,219	\$7,270,463
3	Hospital Change in Total Net Assets	(\$11,286,925)	(\$11,316,755)	(\$8,224,756)
4	Hospital Change in Total Net Assets %	70.4%	-42.2%	-53.1%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.42</b>	<b>0.46</b>	<b>0.47</b>
2	Total Operating Expenses	\$86,047,738	\$85,587,522	\$90,685,854
3	Total Gross Revenue	\$204,296,146	\$184,109,980	\$189,422,164
4	Total Other Operating Revenue	\$779,865	\$653,094	\$2,505,143
5	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.02</b>	<b>1.01</b>	<b>1.01</b>
6	Total Non-Government Payments	\$35,481,811	\$34,751,121	\$35,503,735

MILFORD HOSPITAL				
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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$343,268	\$281,013	\$249,764
8	Total Non-Government Charges	\$87,922,426	\$79,168,686	\$79,203,642
9	Total Uninsured Charges	\$5,706,970	\$5,558,813	\$5,628,494
10	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.74</b>	<b>0.75</b>	<b>0.70</b>
11	Total Medicare Payments	\$30,416,739	\$29,188,273	\$29,632,816
12	Total Medicare Charges	\$98,012,518	\$84,565,457	\$90,191,654
13	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.54</b>	<b>0.56</b>	<b>0.56</b>
14	Total Medicaid Payments	\$4,005,840	\$5,189,560	\$5,177,495
15	Total Medicaid Charges	\$17,526,241	\$19,912,567	\$19,582,175
16	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,952,944</b>	<b>\$3,612,969</b>	<b>\$3,412,141</b>
17	Charity Care	\$299,029	\$187,766	\$192,533
18	Bad Debts	\$6,738,669	\$7,611,773	\$7,028,914
19	Total Uncompensated Care	\$7,037,698	\$7,799,539	\$7,221,447
20	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.4%</b>	<b>4.2%</b>	<b>3.8%</b>
21	Total Operating Expenses	\$86,047,738	\$85,587,522	\$90,685,854
E.	<b><u>Liquidity Measures Summary</u></b>			
1	<b><u>Current Ratio</u></b>	<b>0.99</b>	<b>1.03</b>	<b>1.04</b>
2	Total Current Assets	\$15,564,501	\$16,721,077	\$16,822,172
3	Total Current Liabilities	\$15,681,861	\$16,180,983	\$16,194,450
4	<b><u>Days Cash on Hand</u></b>	<b>2</b>	<b>5</b>	<b>3</b>
5	Cash and Cash Equivalents	\$303,667	\$956,229	\$404,540
6	Short Term Investments	223,228	224,305	225,160
7	Total Cash and Short Term Investments	\$526,895	\$1,180,534	\$629,700
8	Total Operating Expenses	\$86,047,738	\$85,587,522	\$90,685,854
9	Depreciation Expense	\$3,574,898	\$3,208,305	\$2,796,910
10	Operating Expenses less Depreciation Expense	\$82,472,840	\$82,379,217	\$87,888,944
11	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>48.25</b>	<b>48.44</b>	<b>49.26</b>

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 12,226,798	\$ 12,622,341	\$ 12,293,728
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,885,402	\$2,024,212	\$895,803
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 10,341,396	\$ 10,598,129	\$ 11,397,925
16	Total Net Patient Revenue	\$78,229,898	\$ 79,860,535	\$ 84,451,715
17	<b>Average Payment Period</b>	<b>69.40</b>	<b>71.69</b>	<b>67.26</b>
18	Total Current Liabilities	\$15,681,861	\$16,180,983	\$16,194,450
19	Total Operating Expenses	\$86,047,738	\$85,587,522	\$90,685,854
20	Depreciation Expense	\$3,574,898	\$3,208,305	\$2,796,910
21	Total Operating Expenses less Depreciation Expense	\$82,472,840	\$82,379,217	\$87,888,944
<b>F. Solvency Measures Summary</b>				
1	<b>Equity Financing Ratio</b>	<b>37.1</b>	<b>24.0</b>	<b>12.5</b>
2	Total Net Assets	\$26,811,974	\$15,495,219	\$7,270,463
3	Total Assets	\$72,305,096	\$64,583,356	\$58,224,680
4	<b>Cash Flow to Total Debt Ratio</b>	<b>(1.4)</b>	<b>(12.9)</b>	<b>6.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$3,826,377)	(\$5,407,814)	(\$1,785,767)
6	Depreciation Expense	\$3,574,898	\$3,208,305	\$2,796,910
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$251,479)	(\$2,199,509)	\$1,011,143
8	Total Current Liabilities	\$15,681,861	\$16,180,983	\$16,194,450
9	Total Long Term Debt	\$1,891,051	\$935,367	\$0
10	Total Current Liabilities and Total Long Term Debt	\$17,572,912	\$17,116,350	\$16,194,450
11	<b>Long Term Debt to Capitalization Ratio</b>	<b>6.6</b>	<b>5.7</b>	<b>-</b>
12	Total Long Term Debt	\$1,891,051	\$935,367	\$0
13	Total Net Assets	\$26,811,974	\$15,495,219	\$7,270,463
14	Total Long Term Debt and Total Net Assets	\$28,703,025	\$16,430,586	\$7,270,463
15	<b>Debt Service Coverage Ratio</b>	<b>(0.0)</b>	<b>(1.9)</b>	<b>1.1</b>
16	Excess Revenues over Expenses	(\$3,826,377)	(\$5,407,814)	(\$1,785,767)
17	Interest Expense	\$230,967	\$168,405	\$102,151
18	Depreciation and Amortization Expense	\$3,574,898	\$3,208,305	\$2,796,910

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
19	Principal Payments	\$833,487	\$892,497	\$955,684
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>12.9</b>	<b>14.8</b>	<b>17.4</b>
21	Accumulated Depreciation	\$45,954,913	\$47,323,119	\$48,777,136
22	Depreciation and Amortization Expense	\$3,574,898	\$3,208,305	\$2,796,910
<b>H. Utilization Measures Summary</b>				
1	Patient Days	17,708	17,312	14,756
2	Discharges	4,540	4,374	3,580
3	ALOS	3.9	4.0	4.1
4	Staffed Beds	51	49	47
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	95.1%	96.8%	86.0%
7	Occupancy of Available Beds	41.1%	40.2%	34.3%
8	Full Time Equivalent Employees	524.0	505.0	507.0
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	40.2%	40.0%	38.8%
2	Medicare Gross Revenue Payer Mix Percentage	48.0%	45.9%	47.6%
3	Medicaid Gross Revenue Payer Mix Percentage	8.6%	10.8%	10.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	3.0%	3.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$82,215,456	\$73,609,873	\$73,575,148
9	Medicare Gross Revenue (Charges)	\$98,012,518	\$84,565,457	\$90,191,654
10	Medicaid Gross Revenue (Charges)	\$17,526,241	\$19,912,567	\$19,582,175
11	Other Medical Assistance Gross Revenue (Charges)	\$469,527	\$138,619	\$223,769
12	Uninsured Gross Revenue (Charges)	\$5,706,970	\$5,558,813	\$5,628,494
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$365,434	\$324,651	\$220,924
14	Total Gross Revenue (Charges)	\$204,296,146	\$184,109,980	\$189,422,164
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	50.2%	49.7%	50.0%

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	43.4%	42.1%	42.1%
3	Medicaid Net Revenue Payer Mix Percentage	5.7%	7.5%	7.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.5%	0.4%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$35,138,543	\$34,470,108	\$35,253,971
9	Medicare Net Revenue (Payments)	\$30,416,739	\$29,188,273	\$29,632,816
10	Medicaid Net Revenue (Payments)	\$4,005,840	\$5,189,560	\$5,177,495
11	Other Medical Assistance Net Revenue (Payments)	\$61,752	\$85,777	\$53,975
12	Uninsured Net Revenue (Payments)	\$343,268	\$281,013	\$249,764
13	CHAMPUS / TRICARE Net Revenue Payments)	\$95,626	\$130,497	\$71,213
14	Total Net Revenue (Payments)	\$70,061,768	\$69,345,228	\$70,439,234
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	1,753	1,797	1,240
2	Medicare	2,362	2,050	1,986
3	Medical Assistance	413	519	351
4	Medicaid	406	517	349
5	Other Medical Assistance	7	2	2
6	CHAMPUS / TRICARE	12	8	3
7	Uninsured (Included In Non-Government)	79	78	63
8	Total	4,540	4,374	3,580
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.139640	1.151660	1.332600
2	Medicare	1.505800	1.519100	1.488190
3	Medical Assistance	0.908838	0.949789	0.967354
4	Medicaid	0.904850	0.951000	0.964080
5	Other Medical Assistance	1.140180	0.636900	1.538700
6	CHAMPUS / TRICARE	0.712440	0.897100	0.579800
7	Uninsured (Included In Non-Government)	1.008550	1.276100	1.321540
8	Total Case Mix Index	1.308015	1.299452	1.382472
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	3,143	3,152	3,025
2	Emergency Room - Treated and Discharged	35,049	34,292	33,427
3	Total Emergency Room Visits	38,192	37,444	36,452

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$1,160,513	\$1,244,014	\$83,501	7%
2	Inpatient Payments	\$802,035	\$464,782	(\$337,253)	-42%
3	Outpatient Charges	\$698,544	\$875,511	\$176,967	25%
4	Outpatient Payments	\$387,916	\$288,889	(\$99,027)	-26%
5	Discharges	54	48	(6)	-11%
6	Patient Days	213	173	(40)	-19%
7	Outpatient Visits (Excludes ED Visits)	175	219	44	25%
8	Emergency Department Outpatient Visits	121	146	25	21%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,859,057</b>	<b>\$2,119,525</b>	<b>\$260,468</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,189,951</b>	<b>\$753,671</b>	<b>(\$436,280)</b>	<b>-37%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$1,884,775	\$3,598,093	\$1,713,318	91%
2	Inpatient Payments	\$1,050,722	\$1,237,330	\$186,608	18%
3	Outpatient Charges	\$1,743,769	\$2,556,394	\$812,625	47%
4	Outpatient Payments	\$845,514	\$736,258	(\$109,256)	-13%
5	Discharges	73	123	50	68%
6	Patient Days	322	501	179	56%
7	Outpatient Visits (Excludes ED Visits)	425	612	187	44%
8	Emergency Department Outpatient Visits	267	381	114	43%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,628,544</b>	<b>\$6,154,487</b>	<b>\$2,525,943</b>	<b>70%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,896,236</b>	<b>\$1,973,588</b>	<b>\$77,352</b>	<b>4%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$3,281,849	\$0	(\$3,281,849)	-100%
2	Inpatient Payments	\$2,004,655	\$0	(\$2,004,655)	-100%
3	Outpatient Charges	\$1,442,431	\$0	(\$1,442,431)	-100%
4	Outpatient Payments	\$709,710	\$0	(\$709,710)	-100%
5	Discharges	118	0	(118)	-100%
6	Patient Days	604	0	(604)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,050	0	(1,050)	-100%
8	Emergency Department Outpatient Visits	235	0	(235)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,724,280</b>	<b>\$0</b>	<b>(\$4,724,280)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,714,365</b>	<b>\$0</b>	<b>(\$2,714,365)</b>	<b>-100%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$92,733	\$212,774	\$120,041	129%
2	Inpatient Payments	\$19,366	\$80,064	\$60,698	313%
3	Outpatient Charges	\$26,702	\$174,895	\$148,193	555%
4	Outpatient Payments	\$11,427	\$46,088	\$34,661	303%
5	Discharges	4	7	3	75%
6	Patient Days	9	30	21	233%
7	Outpatient Visits (Excludes ED Visits)	6	21	15	250%
8	Emergency Department Outpatient Visits	19	33	14	74%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$119,435</b>	<b>\$387,669</b>	<b>\$268,234</b>	<b>225%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$30,793</b>	<b>\$126,152</b>	<b>\$95,359</b>	<b>310%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$894,667	\$259,401	(\$635,266)	-71%
2	Inpatient Payments	\$598,338	\$93,515	(\$504,823)	-84%
3	Outpatient Charges	\$495,154	\$143,517	(\$351,637)	-71%
4	Outpatient Payments	\$224,852	\$43,145	(\$181,707)	-81%
5	Discharges	36	7	(29)	-81%
6	Patient Days	153	41	(112)	-73%
7	Outpatient Visits (Excludes ED Visits)	145	31	(114)	-79%
8	Emergency Department Outpatient Visits	85	29	(56)	-66%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,389,821</b>	<b>\$402,918</b>	<b>(\$986,903)</b>	<b>-71%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$823,190</b>	<b>\$136,660</b>	<b>(\$686,530)</b>	<b>-83%</b>



**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$5,388,678	\$9,507,989	\$4,119,311	76%
2	Inpatient Payments	\$3,025,234	\$2,957,931	(\$67,303)	-2%
3	Outpatient Charges	\$2,800,723	\$4,573,338	\$1,772,615	63%
4	Outpatient Payments	\$1,212,825	\$1,209,763	(\$3,062)	0%
5	Discharges	155	304	149	96%
6	Patient Days	662	1,495	833	126%
7	Outpatient Visits (Excludes ED Visits)	1,817	1,416	(401)	-22%
8	Emergency Department Outpatient Visits	532	768	236	44%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,189,401</b>	<b>\$14,081,327</b>	<b>\$5,891,926</b>	<b>72%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,238,059</b>	<b>\$4,167,694</b>	<b>(\$70,365)</b>	<b>-2%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$170,575	\$81,598	(\$88,977)	-52%
2	Inpatient Payments	\$42,273	\$33,736	(\$8,537)	-20%
3	Outpatient Charges	\$113,104	\$94,221	(\$18,883)	-17%
4	Outpatient Payments	\$67,608	\$22,998	(\$44,610)	-66%
5	Discharges	5	3	(2)	-40%
6	Patient Days	39	17	(22)	-56%
7	Outpatient Visits (Excludes ED Visits)	31	39	8	26%
8	Emergency Department Outpatient Visits	21	37	16	76%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$283,679</b>	<b>\$175,819</b>	<b>(\$107,860)</b>	<b>-38%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$109,881</b>	<b>\$56,734</b>	<b>(\$53,147)</b>	<b>-48%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$841,066	\$1,185,389	\$344,323	41%
2	Inpatient Payments	\$392,332	\$454,596	\$62,264	16%
3	Outpatient Charges	\$228,902	\$607,942	\$379,040	166%
4	Outpatient Payments	\$131,592	\$187,460	\$55,868	42%
5	Discharges	21	48	27	129%
6	Patient Days	141	174	33	23%
7	Outpatient Visits (Excludes ED Visits)	67	198	131	196%
8	Emergency Department Outpatient Visits	47	109	62	132%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,069,968</b>	<b>\$1,793,331</b>	<b>\$723,363</b>	<b>68%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$523,924</b>	<b>\$642,056</b>	<b>\$118,132</b>	<b>23%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$61,309	\$38,879	(\$22,430)	-37%
2	Inpatient Payments	\$24,558	\$10,744	(\$13,814)	-56%
3	Outpatient Charges	\$70,309	\$57,052	(\$13,257)	-19%
4	Outpatient Payments	\$32,613	\$20,693	(\$11,920)	-37%
5	Discharges	4	2	(2)	-50%
6	Patient Days	12	7	(5)	-42%
7	Outpatient Visits (Excludes ED Visits)	9	5	(4)	-44%
8	Emergency Department Outpatient Visits	23	12	(11)	-48%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$131,618</b>	<b>\$95,931</b>	<b>(\$35,687)</b>	<b>-27%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$57,171</b>	<b>\$31,437</b>	<b>(\$25,734)</b>	<b>-45%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$322,740	\$0	(\$322,740)	-100%
2	Inpatient Payments	\$162,453	\$0	(\$162,453)	-100%
3	Outpatient Charges	\$92,090	\$37,405	(\$54,685)	-59%
4	Outpatient Payments	\$49,514	\$9,050	(\$40,464)	-82%
5	Discharges	9	0	(9)	-100%
6	Patient Days	59	0	(59)	-100%
7	Outpatient Visits (Excludes ED Visits)	40	8	(32)	-80%
8	Emergency Department Outpatient Visits	18	5	(13)	-72%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$414,830</b>	<b>\$37,405</b>	<b>(\$377,425)</b>	<b>-91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$211,967</b>	<b>\$9,050</b>	<b>(\$202,917)</b>	<b>-96%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$14,098,905</b>	<b>\$16,128,137</b>	<b>\$2,029,232</b>	<b>14%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$8,121,966</b>	<b>\$5,332,698</b>	<b>(\$2,789,268)</b>	<b>-34%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$7,711,728</b>	<b>\$9,120,275</b>	<b>\$1,408,547</b>	<b>18%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,673,571</b>	<b>\$2,564,344</b>	<b>(\$1,109,227)</b>	<b>-30%</b>
	<b>TOTAL DISCHARGES</b>	<b>479</b>	<b>542</b>	<b>63</b>	<b>13%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,214</b>	<b>2,438</b>	<b>224</b>	<b>10%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>3,765</b>	<b>2,549</b>	<b>(1,216)</b>	<b>-32%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,368</b>	<b>1,520</b>	<b>152</b>	<b>11%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$21,810,633</b>	<b>\$25,248,412</b>	<b>\$3,437,779</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$11,795,537</b>	<b>\$7,897,042</b>	<b>(\$3,898,495)</b>	<b>-33%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,387,168	\$292,714	(\$1,094,454)	-79%
2	Inpatient Payments	\$560,549	\$100,882	(\$459,667)	-82%
3	Outpatient Charges	\$3,791,977	\$974,692	(\$2,817,285)	-74%
4	Outpatient Payments	\$1,162,470	\$289,324	(\$873,146)	-75%
5	Discharges	182	35	(147)	-81%
6	Patient Days	522	104	(418)	-80%
7	Outpatient Visits (Excludes ED Visits)	1,098	366	(732)	-67%
8	Emergency Department Outpatient Visits	2,760	639	(2,121)	-77%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,179,145</b>	<b>\$1,267,406</b>	<b>(\$3,911,739)</b>	<b>-76%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,723,019</b>	<b>\$390,206</b>	<b>(\$1,332,813)</b>	<b>-77%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MILFORD HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2012**  
**REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D.</b>	<b>OTHER MEDICAID MANAGED CARE</b>				
1	Inpatient Charges	\$1,578,659	\$1,152,144	(\$426,515)	-27%
2	Inpatient Payments	\$534,093	\$400,197	(\$133,896)	-25%
3	Outpatient Charges	\$3,234,213	\$6,256,931	\$3,022,718	93%
4	Outpatient Payments	\$879,673	\$1,730,460	\$850,787	97%
5	Discharges	156	109	(47)	-30%
6	Patient Days	462	289	(173)	-37%
7	Outpatient Visits (Excludes ED Visits)	1,015	1,010	(5)	0%
8	Emergency Department Outpatient Visits	2,234	4,135	1,901	85%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,812,872</b>	<b>\$7,409,075</b>	<b>\$2,596,203</b>	<b>54%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,413,766</b>	<b>\$2,130,657</b>	<b>\$716,891</b>	<b>51%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$0	\$183,303	\$183,303	0%
2	Inpatient Payments	\$0	\$39,680	\$39,680	0%
3	Outpatient Charges	\$0	\$717,596	\$717,596	0%
4	Outpatient Payments	\$0	\$200,695	\$200,695	0%
5	Discharges	0	15	15	0%
6	Patient Days	0	41	41	0%
7	Outpatient Visits (Excludes ED Visits)	0	173	173	0%
8	Emergency Department Outpatient Visits	0	431	431	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$900,899</b>	<b>\$900,899</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$240,375</b>	<b>\$240,375</b>	<b>0%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,965,827</b>	<b>\$1,628,161</b>	<b>(\$1,337,666)</b>	<b>-45%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,094,642</b>	<b>\$540,759</b>	<b>(\$553,883)</b>	<b>-51%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$7,026,190</b>	<b>\$7,949,219</b>	<b>\$923,029</b>	<b>13%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,042,143</b>	<b>\$2,220,479</b>	<b>\$178,336</b>	<b>9%</b>
	<b>TOTAL DISCHARGES</b>	<b>338</b>	<b>159</b>	<b>(179)</b>	<b>-53%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>984</b>	<b>434</b>	<b>(550)</b>	<b>-56%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>2,113</b>	<b>1,549</b>	<b>(564)</b>	<b>-27%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>4,994</b>	<b>5,205</b>	<b>211</b>	<b>4%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,992,017</b>	<b>\$9,577,380</b>	<b>(\$414,637)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,136,785</b>	<b>\$2,761,238</b>	<b>(\$375,547)</b>	<b>-12%</b>

**MILFORD HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2012  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
		<b>FY 2011 ACTUAL</b>	<b>FY 2012 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$2,404,819	\$1,579,650	(\$825,169)	-34%
2	Short Term Investments	\$225,915	\$226,782	\$867	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,593,372	\$13,057,002	(\$536,370)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$774,644	\$861,132	\$86,488	11%
8	Prepaid Expenses	\$853,110	\$1,666,727	\$813,617	95%
9	Other Current Assets	\$720,968	\$780,877	\$59,909	8%
	<b>Total Current Assets</b>	<b>\$18,572,828</b>	<b>\$18,172,170</b>	<b>(\$400,658)</b>	<b>-2%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$727,662	\$761,871	\$34,209	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$1,191,309	\$1,059,414	(\$131,895)	-11%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$1,918,971</b>	<b>\$1,821,285</b>	<b>(\$97,686)</b>	<b>-5%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$21,045,558	\$12,850,225	(\$8,195,333)	-39%
7	Other Noncurrent Assets	\$760,872	\$4,188,450	\$3,427,578	450%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$88,440,821	\$88,928,662	\$487,841	1%
2	Less: Accumulated Depreciation	\$48,643,942	\$50,466,444	\$1,822,502	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$39,796,879</b>	<b>\$38,462,218</b>	<b>(\$1,334,661)</b>	<b>-3%</b>
3	Construction in Progress	\$36,667	\$0	(\$36,667)	-100%
	<b>Total Net Fixed Assets</b>	<b>\$39,833,546</b>	<b>\$38,462,218</b>	<b>(\$1,371,328)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$82,131,775</b>	<b>\$75,494,348</b>	<b>(\$6,637,427)</b>	<b>-8%</b>



MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. <b><u>LIABILITIES AND NET ASSETS</u></b>					
A. <b><u>Current Liabilities:</u></b>					
1	Accounts Payable and Accrued Expenses	\$4,262,133	\$4,469,034	\$206,901	5%
2	Salaries, Wages and Payroll Taxes	\$6,577,053	\$6,944,752	\$367,699	6%
3	Due To Third Party Payers	\$2,318,298	\$1,100,013	(\$1,218,285)	-53%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$1,062,247	\$1,060,828	(\$1,419)	0%
7	Other Current Liabilities	\$3,079,908	\$3,586,610	\$506,702	16%
	<b>Total Current Liabilities</b>	<b>\$17,299,639</b>	<b>\$17,161,237</b>	<b>(\$138,402)</b>	<b>-1%</b>
B. <b><u>Long Term Debt:</u></b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$7,828,804	\$6,768,005	(\$1,060,799)	-14%
	<b>Total Long Term Debt</b>	<b>\$7,828,804</b>	<b>\$6,768,005</b>	<b>(\$1,060,799)</b>	<b>-14%</b>
3	Accrued Pension Liability	\$30,733,115	\$29,974,311	(\$758,804)	-2%
4	Other Long Term Liabilities	\$1,238,672	\$4,785,456	\$3,546,784	286%
	<b>Total Long Term Liabilities</b>	<b>\$39,800,591</b>	<b>\$41,527,772</b>	<b>\$1,727,181</b>	<b>4%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. <b><u>Net Assets:</u></b>					
1	Unrestricted Net Assets or Equity	\$23,731,621	\$15,462,135	(\$8,269,486)	-35%
2	Temporarily Restricted Net Assets	\$626,161	\$669,441	\$43,280	7%
3	Permanently Restricted Net Assets	\$673,763	\$673,763	\$0	0%
	<b>Total Net Assets</b>	<b>\$25,031,545</b>	<b>\$16,805,339</b>	<b>(\$8,226,206)</b>	<b>-33%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$82,131,775</b>	<b>\$75,494,348</b>	<b>(\$6,637,427)</b>	<b>-8%</b>

MILFORD HEALTH & MEDICAL, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$191,158,170	\$196,681,143	\$5,522,973	3%
2	Less: Allowances	\$106,023,474	\$107,358,290	\$1,334,816	1%
3	Less: Charity Care	\$187,766	\$192,533	\$4,767	3%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$84,946,930</b>	<b>\$89,130,320</b>	<b>\$4,183,390</b>	<b>5%</b>
5	Other Operating Revenue	\$1,505,504	\$3,585,478	\$2,079,974	138%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$86,452,434</b>	<b>\$92,715,798</b>	<b>\$6,263,364</b>	<b>7%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$41,622,787	\$41,152,660	(\$470,127)	-1%
2	Fringe Benefits	\$14,352,576	\$15,348,836	\$996,260	7%
3	Physicians Fees	\$254,332	\$1,056,109	\$801,777	315%
4	Supplies and Drugs	\$10,557,275	\$10,875,051	\$317,776	3%
5	Depreciation and Amortization	\$3,491,992	\$3,165,395	(\$326,597)	-9%
6	Bad Debts	\$9,027,011	\$7,967,947	(\$1,059,064)	-12%
7	Interest	\$458,693	\$542,344	\$83,651	18%
8	Malpractice	\$815,946	\$2,552,883	\$1,736,937	213%
9	Other Operating Expenses	\$13,062,442	\$15,410,856	\$2,348,414	18%
	<b>Total Operating Expenses</b>	<b>\$93,643,054</b>	<b>\$98,072,081</b>	<b>\$4,429,027</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$7,190,620)</b>	<b>(\$5,356,283)</b>	<b>\$1,834,337</b>	<b>-26%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$2,334,923	\$2,507,029	\$172,106	7%
2	Gifts, Contributions and Donations	\$221,551	\$283,158	\$61,607	28%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$2,556,474</b>	<b>\$2,790,187</b>	<b>\$233,713</b>	<b>9%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$4,634,146)</b>	<b>(\$2,566,096)</b>	<b>\$2,068,050</b>	<b>-45%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	(\$2,445,378)	\$3,465	\$2,448,843	-100%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>(\$2,445,378)</b>	<b>\$3,465</b>	<b>\$2,448,843</b>	<b>-100%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$7,079,524)</b>	<b>(\$2,562,631)</b>	<b>\$4,516,893</b>	<b>-64%</b>

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$83,794,463	\$84,946,930	\$89,130,320
2	Other Operating Revenue	1,669,876	1,505,504	3,585,478
3	Total Operating Revenue	\$85,464,339	\$86,452,434	\$92,715,798
4	Total Operating Expenses	93,410,584	93,643,054	98,072,081
5	Income/(Loss) From Operations	(\$7,946,245)	(\$7,190,620)	(\$5,356,283)
6	Total Non-Operating Revenue	3,718,367	111,096	2,793,652
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,227,878)	(\$7,079,524)	(\$2,562,631)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-8.91%	-8.31%	-5.61%
2	Parent Corporation Non-Operating Margin	4.17%	0.13%	2.93%
3	Parent Corporation Total Margin	-4.74%	-8.18%	-2.68%
4	Income/(Loss) From Operations	(\$7,946,245)	(\$7,190,620)	(\$5,356,283)
5	Total Operating Revenue	\$85,464,339	\$86,452,434	\$92,715,798
6	Total Non-Operating Revenue	\$3,718,367	\$111,096	\$2,793,652
7	Total Revenue	\$89,182,706	\$86,563,530	\$95,509,450
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,227,878)	(\$7,079,524)	(\$2,562,631)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$35,488,206	\$23,731,621	\$15,462,135
2	Parent Corporation Total Net Assets	\$36,814,704	\$25,031,545	\$16,805,339
3	Parent Corporation Change in Total Net Assets	(\$9,744,670)	(\$11,783,159)	(\$8,226,206)
4	Parent Corporation Change in Total Net Assets %	79.1%	-32.0%	-32.9%

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.04</b>	<b>1.07</b>	<b>1.06</b>
2	Total Current Assets	\$17,465,246	\$18,572,828	\$18,172,170
3	Total Current Liabilities	\$16,769,438	\$17,299,639	\$17,161,237
<b>4</b>	<b>Days Cash on Hand</b>	<b>10</b>	<b>11</b>	<b>7</b>
5	Cash and Cash Equivalents	\$2,195,638	\$2,404,819	\$1,579,650
6	Short Term Investments	224,820	225,915	226,782
7	Total Cash and Short Term Investments	\$2,420,458	\$2,630,734	\$1,806,432
8	Total Operating Expenses	\$93,410,584	\$93,643,054	\$98,072,081
9	Depreciation Expense	\$3,771,551	\$3,491,992	\$3,165,395
10	Operating Expenses less Depreciation Expense	\$89,639,033	\$90,151,062	\$94,906,686
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>47</b>	<b>48</b>	<b>49</b>
12	Net Patient Accounts Receivable	\$ 12,871,074	\$ 13,593,372	\$ 13,057,002
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,977,820	\$2,318,298	\$1,100,013
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 10,893,254	\$ 11,275,074	\$ 11,956,989
16	Total Net Patient Revenue	\$83,794,463	\$84,946,930	\$89,130,320
<b>17</b>	<b>Average Payment Period</b>	<b>68</b>	<b>70</b>	<b>66</b>
18	Total Current Liabilities	\$16,769,438	\$17,299,639	\$17,161,237
19	Total Operating Expenses	\$93,410,584	\$93,643,054	\$98,072,081
20	Depreciation Expense	\$3,771,551	\$3,491,992	\$3,165,395
21	Total Operating Expenses less Depreciation Expense	\$89,639,033	\$90,151,062	\$94,906,686

MILFORD HEALTH & MEDICAL, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>41.5</b>	<b>30.5</b>	<b>22.3</b>
2	Total Net Assets	\$36,814,704	\$25,031,545	\$16,805,339
3	Total Assets	\$88,761,832	\$82,131,775	\$75,494,348
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(1.9)</b>	<b>(14.3)</b>	<b>2.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,227,878)	(\$7,079,524)	(\$2,562,631)
6	Depreciation Expense	\$3,771,551	\$3,491,992	\$3,165,395
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$456,327)	(\$3,587,532)	\$602,764
8	Total Current Liabilities	\$16,769,438	\$17,299,639	\$17,161,237
9	Total Long Term Debt	\$7,257,480	\$7,828,804	\$6,768,005
10	Total Current Liabilities and Total Long Term Debt	\$24,026,918	\$25,128,443	\$23,929,242
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>16.5</b>	<b>23.8</b>	<b>28.7</b>
12	Total Long Term Debt	\$7,257,480	\$7,828,804	\$6,768,005
13	Total Net Assets	\$36,814,704	\$25,031,545	\$16,805,339
14	Total Long Term Debt and Total Net Assets	\$44,072,184	\$32,860,349	\$23,573,344

MILFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	11,724	3,178	3,180	33	78	97.3%	41.2%
2	ICU/CCU (Excludes Neonatal ICU)	1,853	548	0	6	10	84.6%	50.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	591	201	198	4	12	40.5%	13.5%
7	Newborn	588	201	200	4	12	40.3%	13.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	6	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>14,168</b>	<b>3,379</b>	<b>3,378</b>	<b>43</b>	<b>106</b>	<b>90.3%</b>	<b>36.6%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>14,756</b>	<b>3,580</b>	<b>3,578</b>	<b>47</b>	<b>118</b>	<b>86.0%</b>	<b>34.3%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>14,756</b>	<b>3,580</b>	<b>3,578</b>	<b>47</b>	<b>118</b>	<b>86.0%</b>	<b>34.3%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>17,312</b>	<b>4,374</b>	<b>4,361</b>	<b>49</b>	<b>118</b>	<b>96.8%</b>	<b>40.2%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-2,556</b>	<b>-794</b>	<b>-783</b>	<b>-2</b>	<b>0</b>	<b>-10.8%</b>	<b>-5.9%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-15%</b>	<b>-18%</b>	<b>-18%</b>	<b>-4%</b>	<b>0%</b>	<b>-11%</b>	<b>-15%</b>
	Total Licensed Beds and Bassinets	118						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b>CT Scans (A)</b>				
1	Inpatient Scans	983	628	-355	-36%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,726	1,622	-104	-6%
3	Emergency Department Scans	6,445	5,887	-558	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>9,154</b>	<b>8,137</b>	<b>-1,017</b>	<b>-11%</b>
<b>B.</b>	<b>MRI Scans (A)</b>				
1	Inpatient Scans	335	258	-77	-23%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,773	1,794	21	1%
3	Emergency Department Scans	94	75	-19	-20%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>2,202</b>	<b>2,127</b>	<b>-75</b>	<b>-3%</b>
<b>C.</b>	<b>PET Scans (A)</b>				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	52	68	16	31%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>52</b>	<b>68</b>	<b>16</b>	<b>31%</b>
<b>D.</b>	<b>PET/CT Scans (A)</b>				
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
<b>E.</b>	<b>Linear Accelerator Procedures</b>				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F.</b>	<b>Cardiac Catheterization Procedures</b>				
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G.</b>	<b>Cardiac Angioplasty Procedures</b>				
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H.</b>	<b>Electrophysiology Studies</b>				
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I.</b>	<b>Surgical Procedures</b>				
1	Inpatient Surgical Procedures	1,180	1,091	-89	-8%
2	Outpatient Surgical Procedures	2,139	1,936	-203	-9%
	<b>Total Surgical Procedures</b>	<b>3,319</b>	<b>3,027</b>	<b>-292</b>	<b>-9%</b>
<b>J.</b>	<b>Endoscopy Procedures</b>				

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	301	245	-56	-19%
2	Outpatient Endoscopy Procedures	2,520	2,363	-157	-6%
	<b>Total Endoscopy Procedures</b>	<b>2,821</b>	<b>2,608</b>	<b>-213</b>	<b>-8%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	3,152	3,025	-127	-4%
2	Emergency Room Visits: Treated and Discharged	34,292	33,427	-865	-3%
	<b>Total Emergency Room Visits</b>	<b>37,444</b>	<b>36,452</b>	<b>-992</b>	<b>-3%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiology	0	0	0	0%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	27,532	23,926	-3,606	-13%
	<b>Total Other Hospital Outpatient Visits</b>	<b>27,532</b>	<b>23,926</b>	<b>-3,606</b>	<b>-13%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	196.0	195.0	-1.0	-1%
2	Total Physician FTEs	21.5	18.0	-3.5	-16%
3	Total Non-Nursing and Non-Physician FTEs	287.5	294.0	6.5	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>505.0</b>	<b>507.0</b>	<b>2.0</b>	<b>0%</b>



MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>A.</b>	<b><u>Outpatient Surgical Procedures</u></b>				
1	Milford Hospital	2,139	1,936	-203	-9%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>2,139</b>	<b>1,936</b>	<b>-203</b>	<b>-9%</b>
<b>B.</b>	<b><u>Outpatient Endoscopy Procedures</u></b>				
1	Milford Hospital	2,520	2,363	-157	-6%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,520</b>	<b>2,363</b>	<b>-157</b>	<b>-6%</b>
<b>C.</b>	<b><u>Outpatient Hospital Emergency Room Visits</u></b>				
1	MilfHospBostonPostRd WalkIn Ctr	13,100	12,783	-317	-2%
2	Milford Hospital	21,192	20,644	-548	-3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>34,292</b>	<b>33,427</b>	<b>-865</b>	<b>-3%</b>
	<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>				
	<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>				
	<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>				

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
I.	<b><u>DATA BY MAJOR PAYER CATEGORY</u></b>				
A.	<b><u>MEDICARE</u></b>				
	<b><u>MEDICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$57,173,474	\$61,030,757	\$3,857,283	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20,681,371	\$21,772,310	\$1,090,939	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.17%	35.67%	-0.50%	-1%
4	DISCHARGES	2,050	1,986	(64)	-3%
5	CASE MIX INDEX (CMI)	1.51910	1.48819	(0.03091)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,114.15500	2,955.54534	(158.60966)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,641.09	\$7,366.60	\$725.51	11%
8	PATIENT DAYS	9,577	9,198	(379)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,159.48	\$2,367.07	\$207.59	10%
10	AVERAGE LENGTH OF STAY	4.7	4.6	(0.0)	-1%
	<b><u>MEDICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,391,983	\$29,160,897	\$1,768,914	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,506,902	\$7,860,506	(\$646,396)	-8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.06%	26.96%	-4.10%	-13%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	47.91%	47.78%	-0.13%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	982.16115	948.92386	(33.23729)	-3%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,661.41	\$8,283.60	(\$377.81)	-4%
	<b><u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
17	TOTAL ACCRUED CHARGES	\$84,565,457	\$90,191,654	\$5,626,197	7%
18	TOTAL ACCRUED PAYMENTS	\$29,188,273	\$29,632,816	\$444,543	2%
19	TOTAL ALLOWANCES	\$55,377,184	\$60,558,838	\$5,181,654	9%

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>B.</b>	<b><u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u></b>				
	<b><u>NON-GOVERNMENT INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$30,377,323	\$30,011,039	(\$366,284)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,589,422	\$12,471,918	(\$1,117,504)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.74%	41.56%	-3.18%	-7%
4	DISCHARGES	1,797	1,240	(557)	-31%
5	CASE MIX INDEX (CMI)	1.15166	1.33260	0.18094	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,069.53302	1,652.42400	(417.10902)	-20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,566.42	\$7,547.65	\$981.23	15%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$74.67	(\$181.05)	(\$255.72)	-342%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$154,525	(\$299,177)	(\$453,702)	-294%
10	PATIENT DAYS	5,938	4,297	(1,641)	-28%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,288.55	\$2,902.47	\$613.92	27%
12	AVERAGE LENGTH OF STAY	3.3	3.5	0.2	5%
	<b><u>NON-GOVERNMENT OUTPATIENT</u></b>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$48,791,363	\$49,192,603	\$401,240	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,161,699	\$23,031,817	\$1,870,118	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.37%	46.82%	3.45%	8%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	160.62%	163.92%	3.30%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,886.30039	2,032.54635	(853.75404)	-30%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,331.77	\$11,331.51	\$3,999.74	55%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$1,329.64	(\$3,047.91)	(\$4,377.55)	-329%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,837,737	(\$6,195,015)	(\$10,032,752)	-261%
	<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>				
21	TOTAL ACCRUED CHARGES	\$79,168,686	\$79,203,642	\$34,956	0%
22	TOTAL ACCRUED PAYMENTS	\$34,751,121	\$35,503,735	\$752,614	2%
23	TOTAL ALLOWANCES	\$44,417,565	\$43,699,907	(\$717,658)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,992,261	(\$6,494,193)	(\$10,486,454)	-263%
	<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$71,322,702	\$69,988,341	(\$1,334,361)	-2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$36,788,412	\$35,620,019	(\$1,168,393)	-3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,534,290	\$34,368,322	(\$165,968)	0%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.42%	49.11%	0.69%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$1,800,823	\$1,735,686	(\$65,137)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,130	\$77,021	\$42,891	126%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.90%	4.44%	2.54%	134%
4	DISCHARGES	78	63	(15)	-19%
5	CASE MIX INDEX (CMI)	1.27610	1.32154	0.04544	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	99.53580	83.25702	(16.27878)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$342.89	\$925.10	\$582.21	170%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,223.53	\$6,622.55	\$399.02	6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,298.19	\$6,441.50	\$143.30	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$626,896	\$536,300	(\$90,596)	-14%
11	PATIENT DAYS	311	252	(59)	-19%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$109.74	\$305.64	\$195.90	179%
13	AVERAGE LENGTH OF STAY	4.0	4.0	0.0	0%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,757,990	\$3,892,808	\$134,818	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$246,883	\$172,743	(\$74,140)	-30%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.57%	4.44%	-2.13%	-32%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	208.68%	224.28%	15.60%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	162.77181	141.29682	(21.47500)	-13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,516.74	\$1,222.55	(\$294.19)	-19%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,815.03	\$10,108.95	\$4,293.92	74%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,144.67	\$7,061.05	(\$83.62)	-1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,162,951	\$997,703	(\$165,247)	-14%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$5,558,813	\$5,628,494	\$69,681	1%
24	TOTAL ACCRUED PAYMENTS	\$281,013	\$249,764	(\$31,249)	-11%
25	TOTAL ALLOWANCES	\$5,277,800	\$5,378,730	\$100,930	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,789,846	\$1,534,003	(\$255,843)	-14%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>D.</b>	<b><u>STATE OF CONNECTICUT MEDICAID</u></b>				
	<b><u>MEDICAID INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$7,651,286	\$5,450,784	(\$2,200,502)	-29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,205,637	\$1,206,486	(\$999,151)	-45%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.83%	22.13%	-6.69%	-23%
4	DISCHARGES	517	349	(168)	-32%
5	CASE MIX INDEX (CMI)	0.95100	0.96408	0.01308	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	491.66700	336.46392	(155.20308)	-32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,486.04	\$3,585.78	(\$900.26)	-20%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,080.38	\$3,961.87	\$1,881.49	90%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,155.05	\$3,780.82	\$1,625.77	75%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,059,566	\$1,272,108	\$212,542	20%
11	PATIENT DAYS	1,762	1,247	(515)	-29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,251.78	\$967.51	(\$284.27)	-23%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	5%
	<b><u>MEDICAID OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,261,281	\$14,131,391	\$1,870,110	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,983,923	\$3,971,009	\$987,086	33%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.34%	28.10%	3.76%	15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	160.25%	259.25%	99.00%	62%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	828.49893	904.79745	76.29852	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,601.60	\$4,388.84	\$787.24	22%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,730.17	\$6,942.67	\$3,212.50	86%
21	MEDICARE - MEDICAID OP PMT / OPED	\$5,059.81	\$3,894.76	(\$1,165.05)	-23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,192,047	\$3,523,971	(\$668,076)	-16%
	<b><u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$19,912,567	\$19,582,175	(\$330,392)	-2%
24	TOTAL ACCRUED PAYMENTS	\$5,189,560	\$5,177,495	(\$12,065)	0%
25	TOTAL ALLOWANCES	\$14,723,007	\$14,404,680	(\$318,327)	-2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,251,613	\$4,796,079	(\$455,534)	-9%

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LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$29,117	\$26,850	(\$2,267)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,017	\$6,495	(\$11,522)	-64%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.88%	24.19%	-37.69%	-61%
4	DISCHARGES	2	2	-	0%
5	CASE MIX INDEX (CMI)	0.63690	1.53870	0.90180	142%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1.27380	3.07740	1.80360	142%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,144.29	\$2,110.55	(\$12,033.74)	-85%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$7,577.87)	\$5,437.10	\$13,014.98	-172%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$7,503.21)	\$5,256.05	\$12,759.26	-170%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,558)	\$16,175	\$25,733	-269%
11	PATIENT DAYS	8	5	(3)	-38%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,252.13	\$1,299.00	(\$953.13)	-42%
13	AVERAGE LENGTH OF STAY	4.0	2.5	(1.5)	-38%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$109,502	\$196,919	\$87,417	80%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$67,760	\$47,480	(\$20,280)	-30%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	61.88%	24.11%	-37.77%	-61%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	376.08%	733.40%	357.33%	95%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7.52152	14.66808	7.14657	95%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,008.82	\$3,236.96	(\$5,771.86)	-64%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$1,677.05)	\$8,094.55	\$9,771.60	-583%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$347.41)	\$5,046.64	\$5,394.05	-1553%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,613)	\$74,025	\$76,638	-2933%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$138,619	\$223,769	\$85,150	61%
24	TOTAL ACCRUED PAYMENTS	\$85,777	\$53,975	(\$31,802)	-37%
25	TOTAL ALLOWANCES	\$52,842	\$169,794	\$116,952	221%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$12,171)	\$90,199	\$102,370	-841%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$7,680,403	\$5,477,634	(\$2,202,769)	-29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,223,654	\$1,212,981	(\$1,010,673)	-45%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.95%	22.14%	-6.81%	-24%
4	DISCHARGES	519	351	(168)	-32%
5	CASE MIX INDEX (CMI)	0.94979	0.96735	0.01756	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	492.94080	339.54132	(153.39948)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,511.00	\$3,572.41	(\$938.59)	-21%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,055.42	\$3,975.24	\$1,919.82	93%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,130.09	\$3,794.19	\$1,664.10	78%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,050,008	\$1,288,283	\$238,275	23%
11	PATIENT DAYS	1,770	1,252	(518)	-29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,256.30	\$968.83	(\$287.47)	-23%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	5%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,370,783	\$14,328,310	\$1,957,527	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,051,683	\$4,018,489	\$966,806	32%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.67%	28.05%	3.38%	14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	161.07%	261.58%	100.51%	62%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	836.02045	919.46553	83.44508	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,650.25	\$4,370.46	\$720.21	20%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,681.52	\$6,961.05	\$3,279.52	89%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,011.16	\$3,913.14	(\$1,098.02)	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,189,434	\$3,597,996	(\$591,438)	-14%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$20,051,186	\$19,805,944	(\$245,242)	-1%
24	TOTAL ACCRUED PAYMENTS	\$5,275,337	\$5,231,470	(\$43,867)	-1%
25	TOTAL ALLOWANCES	\$14,775,849	\$14,574,474	(\$201,375)	-1%

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LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
<b>G.</b>	<b><u>CHAMPUS / TRICARE</u></b>				
	<b><u>CHAMPUS / TRICARE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$105,839	\$27,348	(\$78,491)	-74%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$46,183	\$9,678	(\$36,505)	-79%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.64%	35.39%	-8.25%	-19%
4	DISCHARGES	8	3	(5)	-63%
5	CASE MIX INDEX (CMI)	0.89710	0.57980	(0.31730)	-35%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.17680	1.73940	(5.43740)	-76%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,435.04	\$5,563.99	(\$871.05)	-14%
8	PATIENT DAYS	27	9	(18)	-67%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,710.48	\$1,075.33	(\$635.15)	-37%
10	AVERAGE LENGTH OF STAY	3.4	3.0	(0.4)	-11%
	<b><u>CHAMPUS / TRICARE OUTPATIENT</u></b>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$218,812	\$193,576	(\$25,236)	-12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$84,314	\$61,535	(\$22,779)	-27%
	<b><u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
13	TOTAL ACCRUED CHARGES	\$324,651	\$220,924	(\$103,727)	-32%
14	TOTAL ACCRUED PAYMENTS	\$130,497	\$71,213	(\$59,284)	-45%
15	TOTAL ALLOWANCES	\$194,154	\$149,711	(\$44,443)	-23%
<b>H.</b>	<b><u>OTHER DATA</u></b>				
1	OTHER OPERATING REVENUE	\$653,094	\$2,505,143	\$1,852,049	284%
2	TOTAL OPERATING EXPENSES	\$85,587,522	\$90,685,854	\$5,098,332	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<b><u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u></b>				
4	CHARITY CARE (CHARGES)	\$187,766	\$192,533	\$4,767	3%
5	BAD DEBTS (CHARGES)	\$7,611,773	\$7,028,914	(\$582,859)	-8%
6	UNCOMPENSATED CARE (CHARGES)	\$7,799,539	\$7,221,447	(\$578,092)	-7%
7	COST OF UNCOMPENSATED CARE	\$2,970,123	\$2,696,757	(\$273,366)	-9%
	<b><u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u></b>				
8	TOTAL ACCRUED CHARGES	\$20,051,186	\$19,805,944	(\$245,242)	-1%
9	TOTAL ACCRUED PAYMENTS	\$5,275,337	\$5,231,470	(\$43,867)	-1%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$7,635,643	\$7,396,277	(\$239,367)	-3%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,360,306	\$2,164,807	(\$195,500)	-8%



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<b>II.</b>	<b><u>AGGREGATE DATA</u></b>				
<b>A.</b>	<b><u>TOTALS - ALL PAYERS</u></b>				
1	TOTAL INPATIENT CHARGES	\$95,337,039	\$96,546,778	\$1,209,739	1%
2	TOTAL INPATIENT PAYMENTS	\$36,540,630	\$35,466,887	(\$1,073,743)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	38.33%	36.74%	-1.59%	-4%
4	TOTAL DISCHARGES	4,374	3,580	(794)	-18%
5	TOTAL CASE MIX INDEX	1.29945	1.38247	0.08302	6%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,683.80562	4,949.25006	(734.55556)	-13%
7	TOTAL OUTPATIENT CHARGES	\$88,772,941	\$92,875,386	\$4,102,445	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	93.11%	96.20%	3.08%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$32,804,598	\$34,972,347	\$2,167,749	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.95%	37.66%	0.70%	2%
11	TOTAL CHARGES	\$184,109,980	\$189,422,164	\$5,312,184	3%
12	TOTAL PAYMENTS	\$69,345,228	\$70,439,234	\$1,094,006	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.67%	37.19%	-0.48%	-1%
14	PATIENT DAYS	17,312	14,756	(2,556)	-15%
<b>B.</b>	<b><u>TOTALS - ALL GOVERNMENT PAYERS</u></b>				
1	INPATIENT CHARGES	\$64,959,716	\$66,535,739	\$1,576,023	2%
2	INPATIENT PAYMENTS	\$22,951,208	\$22,994,969	\$43,761	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	35.33%	34.56%	-0.77%	-2%
4	DISCHARGES	2,577	2,340	(237)	-9%
5	CASE MIX INDEX	1.40251	1.40890	0.00639	0%
6	CASE MIX ADJUSTED DISCHARGES	3,614.27260	3,296.82606	(317.44654)	-9%
7	OUTPATIENT CHARGES	\$39,981,578	\$43,682,783	\$3,701,205	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	61.55%	65.65%	4.10%	7%
9	OUTPATIENT PAYMENTS	\$11,642,899	\$11,940,530	\$297,631	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.12%	27.33%	-1.79%	-6%
11	TOTAL CHARGES	\$104,941,294	\$110,218,522	\$5,277,228	5%
12	TOTAL PAYMENTS	\$34,594,107	\$34,935,499	\$341,392	1%
13	TOTAL PAYMENTS / CHARGES	32.97%	31.70%	-1.27%	-4%
14	PATIENT DAYS	11,374	10,459	(915)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$70,347,187	\$75,283,023	\$4,935,836	7%
<b>C.</b>	<b><u>AVERAGE LENGTH OF STAY</u></b>				
1	MEDICARE	4.7	4.6	(0.0)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2	5%
3	UNINSURED	4.0	4.0	0.0	0%
4	MEDICAID	3.4	3.6	0.2	5%
5	OTHER MEDICAL ASSISTANCE	4.0	2.5	(1.5)	-38%
6	CHAMPUS / TRICARE	3.4	3.0	(0.4)	-11%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	4.1	0.2	4%

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<b>III.</b>	<b><u>DATA USED IN BASELINE UNDERPAYMENT CALCULATION</u></b>				
1	TOTAL CHARGES	\$184,109,980	\$189,422,164	\$5,312,184	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$70,347,187	\$75,283,023	\$4,935,836	7%
3	UNCOMPENSATED CARE	\$7,799,539	\$7,221,447	(\$578,092)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,534,290	\$34,368,322	(\$165,968)	0%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,318,490	\$1,812,087	\$493,597	37%
6	TOTAL ADJUSTMENTS	\$113,999,506	\$118,684,879	\$4,685,373	4%
7	TOTAL ACCRUED PAYMENTS	\$70,110,474	\$70,737,285	\$626,811	1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$70,110,474	\$70,737,285	\$626,811	1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3808075695	0.3734372130	(0.0073703565)	-2%
11	COST OF UNCOMPENSATED CARE	\$2,970,123	\$2,696,757	(\$273,366)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,360,306	\$2,164,807	(\$195,500)	-8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,330,430	\$4,861,564	(\$468,866)	-9%
<b>IV.</b>	<b><u>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</u></b>				
1	MEDICAID	\$4,192,047	\$3,523,971	(\$668,076)	-16%
2	OTHER MEDICAL ASSISTANCE	(\$12,171)	\$90,199	\$102,370	-841%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,789,846	\$1,534,003	(\$255,843)	-14%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$5,969,723	\$5,148,174	(\$821,549)	-14%
<b>V.</b>	<b><u>DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</u></b>				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,287,171	\$3,586,807	\$1,299,636	56.82%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$10,515,305	\$14,012,479	\$3,497,174	33.26%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$79,860,535	\$84,451,715	\$4,591,180	5.75%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$184,109,979	\$189,422,163	\$5,312,184	2.89%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,799,539	\$7,221,447	(\$578,092)	-7.41%

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,377,323	\$30,011,039	(\$366,284)
2	MEDICARE	\$57,173,474	61,030,757	\$3,857,283
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,680,403	5,477,634	(\$2,202,769)
4	MEDICAID	\$7,651,286	5,450,784	(\$2,200,502)
5	OTHER MEDICAL ASSISTANCE	\$29,117	26,850	(\$2,267)
6	CHAMPUS / TRICARE	\$105,839	27,348	(\$78,491)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,800,823	1,735,686	(\$65,137)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$64,959,716</b>	<b>\$66,535,739</b>	<b>\$1,576,023</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$95,337,039</b>	<b>\$96,546,778</b>	<b>\$1,209,739</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,791,363	\$49,192,603	\$401,240
2	MEDICARE	\$27,391,983	29,160,897	\$1,768,914
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,370,783	14,328,310	\$1,957,527
4	MEDICAID	\$12,261,281	14,131,391	\$1,870,110
5	OTHER MEDICAL ASSISTANCE	\$109,502	196,919	\$87,417
6	CHAMPUS / TRICARE	\$218,812	193,576	(\$25,236)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,757,990	3,892,808	\$134,818
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$39,981,578</b>	<b>\$43,682,783</b>	<b>\$3,701,205</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$88,772,941</b>	<b>\$92,875,386</b>	<b>\$4,102,445</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,168,686	\$79,203,642	\$34,956
2	TOTAL MEDICARE	\$84,565,457	\$90,191,654	\$5,626,197
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,051,186	\$19,805,944	(\$245,242)
4	TOTAL MEDICAID	\$19,912,567	\$19,582,175	(\$330,392)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$138,619	\$223,769	\$85,150
6	TOTAL CHAMPUS / TRICARE	\$324,651	\$220,924	(\$103,727)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,558,813	\$5,628,494	\$69,681
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$104,941,294</b>	<b>\$110,218,522</b>	<b>\$5,277,228</b>
	<b>TOTAL CHARGES</b>	<b>\$184,109,980</b>	<b>\$189,422,164</b>	<b>\$5,312,184</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,589,422	\$12,471,918	(\$1,117,504)
2	MEDICARE	\$20,681,371	21,772,310	\$1,090,939
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,223,654	1,212,981	(\$1,010,673)
4	MEDICAID	\$2,205,637	1,206,486	(\$999,151)
5	OTHER MEDICAL ASSISTANCE	\$18,017	6,495	(\$11,522)
6	CHAMPUS / TRICARE	\$46,183	9,678	(\$36,505)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$34,130	77,021	\$42,891
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$22,951,208</b>	<b>\$22,994,969</b>	<b>\$43,761</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$36,540,630</b>	<b>\$35,466,887</b>	<b>(\$1,073,743)</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,161,699	\$23,031,817	\$1,870,118
2	MEDICARE	\$8,506,902	7,860,506	(\$646,396)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,051,683	4,018,489	\$966,806
4	MEDICAID	\$2,983,923	3,971,009	\$987,086
5	OTHER MEDICAL ASSISTANCE	\$67,760	47,480	(\$20,280)
6	CHAMPUS / TRICARE	\$84,314	61,535	(\$22,779)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$246,883	172,743	(\$74,140)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$11,642,899</b>	<b>\$11,940,530</b>	<b>\$297,631</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$32,804,598</b>	<b>\$34,972,347</b>	<b>\$2,167,749</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,751,121	\$35,503,735	\$752,614
2	TOTAL MEDICARE	\$29,188,273	\$29,632,816	\$444,543
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,275,337	\$5,231,470	(\$43,867)
4	TOTAL MEDICAID	\$5,189,560	\$5,177,495	(\$12,065)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$85,777	\$53,975	(\$31,802)
6	TOTAL CHAMPUS / TRICARE	\$130,497	\$71,213	(\$59,284)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$281,013	\$249,764	(\$31,249)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$34,594,107</b>	<b>\$34,935,499</b>	<b>\$341,392</b>
	<b>TOTAL PAYMENTS</b>	<b>\$69,345,228</b>	<b>\$70,439,234</b>	<b>\$1,094,006</b>

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>II.</b>	<b><u>PAYER MIX</u></b>			
<b>A.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.50%	15.84%	-0.66%
2	MEDICARE	31.05%	32.22%	1.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.17%	2.89%	-1.28%
4	MEDICAID	4.16%	2.88%	-1.28%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.01%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.01%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98%	0.92%	-0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>35.28%</b>	<b>35.13%</b>	<b>-0.16%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>51.78%</b>	<b>50.97%</b>	<b>-0.81%</b>
<b>B.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.50%	25.97%	-0.53%
2	MEDICARE	14.88%	15.39%	0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.72%	7.56%	0.84%
4	MEDICAID	6.66%	7.46%	0.80%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.10%	0.04%
6	CHAMPUS / TRICARE	0.12%	0.10%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.04%	2.06%	0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.72%</b>	<b>23.06%</b>	<b>1.34%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>48.22%</b>	<b>49.03%</b>	<b>0.81%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C.</b>	<b><u>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.60%	17.71%	-1.89%
2	MEDICARE	29.82%	30.91%	1.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.21%	1.72%	-1.48%
4	MEDICAID	3.18%	1.71%	-1.47%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.01%	-0.02%
6	CHAMPUS / TRICARE	0.07%	0.01%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.11%	0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>33.10%</b>	<b>32.65%</b>	<b>-0.45%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>52.69%</b>	<b>50.35%</b>	<b>-2.34%</b>
<b>D.</b>	<b><u>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</u></b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.52%	32.70%	2.18%
2	MEDICARE	12.27%	11.16%	-1.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.40%	5.70%	1.30%
4	MEDICAID	4.30%	5.64%	1.33%
5	OTHER MEDICAL ASSISTANCE	0.10%	0.07%	-0.03%
6	CHAMPUS / TRICARE	0.12%	0.09%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.36%	0.25%	-0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>16.79%</b>	<b>16.95%</b>	<b>0.16%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>47.31%</b>	<b>49.65%</b>	<b>2.34%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,797	1,240	(557)
2	MEDICARE	2,050	1,986	(64)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	519	351	(168)
4	MEDICAID	517	349	(168)
5	OTHER MEDICAL ASSISTANCE	2	2	-
6	CHAMPUS / TRICARE	8	3	(5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	78	63	(15)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,577</b>	<b>2,340</b>	<b>(237)</b>
	<b>TOTAL DISCHARGES</b>	<b>4,374</b>	<b>3,580</b>	<b>(794)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,938	4,297	(1,641)
2	MEDICARE	9,577	9,198	(379)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,770	1,252	(518)
4	MEDICAID	1,762	1,247	(515)
5	OTHER MEDICAL ASSISTANCE	8	5	(3)
6	CHAMPUS / TRICARE	27	9	(18)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	311	252	(59)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>11,374</b>	<b>10,459</b>	<b>(915)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>17,312</b>	<b>14,756</b>	<b>(2,556)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2
2	MEDICARE	4.7	4.6	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.4	3.6	0.2
4	MEDICAID	3.4	3.6	0.2
5	OTHER MEDICAL ASSISTANCE	4.0	2.5	(1.5)
6	CHAMPUS / TRICARE	3.4	3.0	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.0	4.0	0.0
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.4</b>	<b>4.5</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.0</b>	<b>4.1</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.15166	1.33260	0.18094
2	MEDICARE	1.51910	1.48819	(0.03091)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.94979	0.96735	0.01756
4	MEDICAID	0.95100	0.96408	0.01308
5	OTHER MEDICAL ASSISTANCE	0.63690	1.53870	0.90180
6	CHAMPUS / TRICARE	0.89710	0.57980	(0.31730)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27610	1.32154	0.04544
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.40251</b>	<b>1.40890</b>	<b>0.00639</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.29945</b>	<b>1.38247</b>	<b>0.08302</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$71,322,702	\$69,988,341	(\$1,334,361)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,788,412	\$35,620,019	(\$1,168,393)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,534,290	\$34,368,322	(\$165,968)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.42%	49.11%	0.69%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,287,171	\$3,586,807	\$1,299,636
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,318,490	\$1,812,087	\$493,597
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$187,766	\$192,533	\$4,767
9	BAD DEBTS	\$7,611,773	\$7,028,914	(\$582,859)
10	TOTAL UNCOMPENSATED CARE	\$7,799,539	\$7,221,447	(\$578,092)
11	TOTAL OTHER OPERATING REVENUE	\$71,322,702	\$69,988,341	(\$1,334,361)
12	TOTAL OPERATING EXPENSES	\$85,587,522	\$90,685,854	\$5,098,332

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>IV.</b>	<b>DSH UPPER PAYMENT LIMIT CALCULATIONS</b>			
<b>A.</b>	<b>CASE MIX ADJUSTED DISCHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,069.53302	1,652.42400	(417.10902)
2	MEDICARE	3,114.15500	2,955.54534	(158.60966)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	492.94080	339.54132	(153.39948)
4	MEDICAID	491.66700	336.46392	(155.20308)
5	OTHER MEDICAL ASSISTANCE	1.27380	3.07740	1.80360
6	CHAMPUS / TRICARE	7.17680	1.73940	(5.43740)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	99.53580	83.25702	(16.27878)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>3,614.27260</b>	<b>3,296.82606</b>	<b>(317.44654)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>5,683.80562</b>	<b>4,949.25006</b>	<b>(734.55556)</b>
<b>B.</b>	<b>OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,886.30039	2,032.54635	-853.75404
2	MEDICARE	982.16115	948.92386	-33.23729
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	836.02045	919.46553	83.44508
4	MEDICAID	828.49893	904.79745	76.29852
5	OTHER MEDICAL ASSISTANCE	7.52152	14.66808	7.14657
6	CHAMPUS / TRICARE	16.53923	21.23475	4.69552
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	162.77181	141.29682	-21.47500
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>1,834.72084</b>	<b>1,889.62414</b>	<b>54.90331</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,721.02123</b>	<b>3,922.17049</b>	<b>-798.85074</b>
<b>C.</b>	<b>INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,566.42	\$7,547.65	\$981.23
2	MEDICARE	\$6,641.09	\$7,366.60	\$725.51
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,511.00	\$3,572.41	(\$938.59)
4	MEDICAID	\$4,486.04	\$3,585.78	(\$900.26)
5	OTHER MEDICAL ASSISTANCE	\$14,144.29	\$2,110.55	(\$12,033.74)
6	CHAMPUS / TRICARE	\$6,435.04	\$5,563.99	(\$871.05)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$342.89	\$925.10	\$582.21
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,350.16</b>	<b>\$6,974.88</b>	<b>\$624.72</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,428.90</b>	<b>\$7,166.11</b>	<b>\$737.21</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,331.77	\$11,331.51	\$3,999.74
2	MEDICARE	\$8,661.41	\$8,283.60	(\$377.81)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,650.25	\$4,370.46	\$720.21
4	MEDICAID	\$3,601.60	\$4,388.84	\$787.24
5	OTHER MEDICAL ASSISTANCE	\$9,008.82	\$3,236.96	(\$5,771.86)
6	CHAMPUS / TRICARE	\$5,097.82	\$2,897.84	(\$2,199.97)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,516.74	\$1,222.55	(\$294.19)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,345.87</b>	<b>\$6,319.00</b>	<b>(\$26.87)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,948.62</b>	<b>\$8,916.58</b>	<b>\$1,967.96</b>

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$4,192,047	\$3,523,971	(\$668,076)
2	OTHER MEDICAL ASSISTANCE	(\$12,171)	\$90,199	\$102,370
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,789,846	\$1,534,003	(\$255,843)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$5,969,723</b>	<b>\$5,148,174</b>	<b>(\$821,549)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$184,109,980	\$189,422,164	\$5,312,184
2	TOTAL GOVERNMENT DEDUCTIONS	\$70,347,187	\$75,283,023	\$4,935,836
3	UNCOMPENSATED CARE	\$7,799,539	\$7,221,447	(\$578,092)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,534,290	\$34,368,322	(\$165,968)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,318,490	\$1,812,087	\$493,597
6	TOTAL ADJUSTMENTS	\$113,999,506	\$118,684,879	\$4,685,373
7	TOTAL ACCRUED PAYMENTS	\$70,110,474	\$70,737,285	\$626,811
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$70,110,474	\$70,737,285	\$626,811
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3808075695	0.3734372130	(0.0073703565)
11	COST OF UNCOMPENSATED CARE	\$2,970,123	\$2,696,757	(\$273,366)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,360,306	\$2,164,807	(\$195,500)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,330,430	\$4,861,564	(\$468,866)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.74%	41.56%	-3.18%
2	MEDICARE	36.17%	35.67%	-0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.95%	22.14%	-6.81%
4	MEDICAID	28.83%	22.13%	-6.69%
5	OTHER MEDICAL ASSISTANCE	61.88%	24.19%	-37.69%
6	CHAMPUS / TRICARE	43.64%	35.39%	-8.25%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.90%	4.44%	2.54%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>35.33%</b>	<b>34.56%</b>	<b>-0.77%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>38.33%</b>	<b>36.74%</b>	<b>-1.59%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.37%	46.82%	3.45%
2	MEDICARE	31.06%	26.96%	-4.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.67%	28.05%	3.38%
4	MEDICAID	24.34%	28.10%	3.76%
5	OTHER MEDICAL ASSISTANCE	61.88%	24.11%	-37.77%
6	CHAMPUS / TRICARE	38.53%	31.79%	-6.74%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.57%	4.44%	-2.13%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>29.12%</b>	<b>27.33%</b>	<b>-1.79%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>36.95%</b>	<b>37.66%</b>	<b>0.70%</b>

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$69,345,228	\$70,439,234	\$1,094,006
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$69,345,228</b>	<b>\$70,439,234</b>	<b>\$1,094,006</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,515,305	\$14,012,479	\$3,497,174
4	<b>CALCULATED NET REVENUE</b>	<b>\$79,860,533</b>	<b>\$84,451,713</b>	<b>\$4,591,180</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$79,860,535	\$84,451,715	\$4,591,180
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>(\$2)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$184,109,980	\$189,422,164	\$5,312,184
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$184,109,980</b>	<b>\$189,422,164</b>	<b>\$5,312,184</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$184,109,979	\$189,422,163	\$5,312,184
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$1</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,799,539	\$7,221,447	(\$578,092)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,799,539</b>	<b>\$7,221,447</b>	<b>(\$578,092)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,799,539	\$7,221,447	(\$578,092)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



<b>MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>	
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,011,039
2	MEDICARE	61,030,757
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,477,634
4	MEDICAID	5,450,784
5	OTHER MEDICAL ASSISTANCE	26,850
6	CHAMPUS / TRICARE	27,348
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,735,686
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$66,535,739</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$96,546,778</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,192,603
2	MEDICARE	29,160,897
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,328,310
4	MEDICAID	14,131,391
5	OTHER MEDICAL ASSISTANCE	196,919
6	CHAMPUS / TRICARE	193,576
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,892,808
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$43,682,783</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$92,875,386</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>	
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$79,203,642
2	TOTAL GOVERNMENT ACCRUED CHARGES	110,218,522
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$189,422,164</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,471,918
2	MEDICARE	21,772,310
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,212,981
4	MEDICAID	1,206,486
5	OTHER MEDICAL ASSISTANCE	6,495
6	CHAMPUS / TRICARE	9,678
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	77,021
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$22,994,969</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$35,466,887</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,031,817
2	MEDICARE	7,860,506
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,018,489
4	MEDICAID	3,971,009
5	OTHER MEDICAL ASSISTANCE	47,480
6	CHAMPUS / TRICARE	61,535
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	172,743
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$11,940,530</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$34,972,347</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>	
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$35,503,735
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	34,935,499
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$70,439,234</b>

MILFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
<b>II.</b>	<b>ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>	
<b>A.</b>	<b>ACCRUED DISCHARGES</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,240
2	MEDICARE	1,986
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	351
4	MEDICAID	349
5	OTHER MEDICAL ASSISTANCE	2
6	CHAMPUS / TRICARE	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,340</b>
	<b>TOTAL DISCHARGES</b>	<b>3,580</b>
<b>B.</b>	<b>CASE MIX INDEX</b>	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.33260
2	MEDICARE	1.48819
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96735
4	MEDICAID	0.96408
5	OTHER MEDICAL ASSISTANCE	1.53870
6	CHAMPUS / TRICARE	0.57980
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.32154
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.40890</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.38247</b>
<b>C.</b>	<b>OTHER REQUIRED DATA</b>	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,988,341
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$35,620,019
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,368,322
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,586,807
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,812,087
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$192,533
9	BAD DEBTS	\$7,028,914
10	TOTAL UNCOMPENSATED CARE	\$7,221,447
11	TOTAL OTHER OPERATING REVENUE	\$2,505,143
12	TOTAL OPERATING EXPENSES	\$90,685,854

<b>MILFORD HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2012</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2012</b>
<b>III.</b>	<b>NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>	
<b>A.</b>	<b>RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	TOTAL ACCRUED PAYMENTS	\$70,439,234
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$70,439,234</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,012,479
	<b>CALCULATED NET REVENUE</b>	<b>\$84,451,713</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$84,451,715
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>
<b>B.</b>	<b>RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED GROSS REVENUE	\$189,422,164
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$189,422,164</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$189,422,163
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>C.</b>	<b>RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$7,221,447
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,221,447</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,221,447
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A.</b>	<b><u>Hospital Charity Care (from HRS Report 500)</u></b>				
1	Number of Applicants	42	72	30	71%
2	Number of Approved Applicants	22	32	10	45%
3	<b>Total Charges (A)</b>	\$187,766	\$192,533	\$4,767	3%
4	<b>Average Charges</b>	<b>\$8,535</b>	<b>\$6,017</b>	<b>(\$2,518)</b>	<b>-30%</b>
5	Ratio of Cost to Charges (RCC)	0.419859	0.463229	0.043370	10%
6	<b>Total Cost</b>	<b>\$78,835</b>	<b>\$89,187</b>	<b>\$10,352</b>	<b>13%</b>
7	<b>Average Cost</b>	<b>\$3,583</b>	<b>\$2,787</b>	<b>(\$796)</b>	<b>-22%</b>
8	Charity Care - Inpatient Charges	\$110,349	\$99,912	(\$10,437)	-9%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	18,605	16,752	(1,853)	-10%
10	Charity Care - Emergency Department Charges	58,812	75,869	17,057	29%
11	<b>Total Charges (A)</b>	<b>\$187,766</b>	<b>\$192,533</b>	<b>\$4,767</b>	<b>3%</b>
12	Charity Care - Number of Patient Days	25	22	(3)	-12%
13	Charity Care - Number of Discharges	6	8	2	33%
14	Charity Care - Number of Outpatient ED Visits	29	62	33	114%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3	5	2	67%
<b>B.</b>	<b><u>Hospital Bad Debts (from HRS Report 500)</u></b>				
1	Bad Debts - Inpatient Services	\$2,445,282	\$2,512,309	\$67,027	3%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	5,166,491	4,516,605	(649,886)	-13%
3	Bad Debts - Emergency Department	0	0	0	0%
4	<b>Total Bad Debts (A)</b>	<b>\$7,611,773</b>	<b>\$7,028,914</b>	<b>(\$582,859)</b>	<b>-8%</b>
<b>C.</b>	<b><u>Hospital Uncompensated Care (from HRS Report 500)</u></b>				
1	Charity Care (A)	\$187,766	\$192,533	\$4,767	3%
2	Bad Debts (A)	7,611,773	7,028,914	(582,859)	-8%
3	<b>Total Uncompensated Care (A)</b>	<b>\$7,799,539</b>	<b>\$7,221,447</b>	<b>(\$578,092)</b>	<b>-7%</b>
4	Uncompensated Care - Inpatient Services	\$2,555,631	\$2,612,221	\$56,590	2%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,185,096	4,533,357	(651,739)	-13%
6	Uncompensated Care - Emergency Department	58,812	75,869	17,057	29%
7	<b>Total Uncompensated Care (A)</b>	<b>\$7,799,539</b>	<b>\$7,221,447</b>	<b>(\$578,092)</b>	<b>-7%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>MILFORD HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2012</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,</b>					
<b>ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
		<b>FY 2011</b>	<b>FY 2012</b>		
		<b>ACTUAL TOTAL</b>	<b>ACTUAL TOTAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>NON-GOVERNMENT</b>	<b>NON-GOVERNMENT</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$71,322,702	\$69,988,341	(\$1,334,361)	-2%
2	Total Contractual Allowances	\$34,534,290	\$34,368,322	(\$165,968)	0%
	<b>Total Accrued Payments (A)</b>	<b>\$36,788,412</b>	<b>\$35,620,019</b>	<b>(\$1,168,393)</b>	<b>-3%</b>
	<b>Total Discount Percentage</b>	<b>48.42%</b>	<b>49.11%</b>	<b>0.69%</b>	<b>1%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
<b>A.</b>	<b><u>Gross and Net Revenue</u></b>			
1	Inpatient Gross Revenue	\$115,664,811	\$95,337,039	\$96,546,778
2	Outpatient Gross Revenue	\$88,631,335	\$88,772,941	\$92,875,386
3	Total Gross Patient Revenue	\$204,296,146	\$184,109,980	\$189,422,164
4	Net Patient Revenue	\$78,229,898	\$79,860,535	\$84,451,715
<b>B.</b>	<b><u>Total Operating Expenses</u></b>			
1	Total Operating Expense	\$86,047,738	\$85,587,522	\$90,685,854
<b>C.</b>	<b><u>Utilization Statistics</u></b>			
1	Patient Days	17,708	17,312	14,756
2	Discharges	4,540	4,374	3,580
3	Average Length of Stay	3.9	4.0	4.1
4	Equivalent (Adjusted) Patient Days (EPD)	31,277	33,432	28,951
0	Equivalent (Adjusted) Discharges (ED)	8,019	8,447	7,024
<b>D.</b>	<b><u>Case Mix Statistics</u></b>			
1	Case Mix Index	1.30802	1.29945	1.38247
2	Case Mix Adjusted Patient Days (CMAPD)	23,162	22,496	20,400
3	Case Mix Adjusted Discharges (CMAD)	5,938	5,684	4,949
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	40,911	43,443	40,024
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,489	10,976	9,710
<b>E.</b>	<b><u>Gross Revenue Per Statistic</u></b>			
1	Total Gross Revenue per Patient Day	\$11,537	\$10,635	\$12,837
2	Total Gross Revenue per Discharge	\$44,999	\$42,092	\$52,911
3	Total Gross Revenue per EPD	\$6,532	\$5,507	\$6,543
4	Total Gross Revenue per ED	\$25,477	\$21,796	\$26,968
5	Total Gross Revenue per CMAEPD	\$4,994	\$4,238	\$4,733
6	Total Gross Revenue per CMAED	\$19,477	\$16,773	\$19,507
7	Inpatient Gross Revenue per EPD	\$3,698	\$2,852	\$3,335
8	Inpatient Gross Revenue per ED	\$14,424	\$11,287	\$13,746

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
<b>F.</b>	<b>Net Revenue Per Statistic</b>			
1	Net Patient Revenue per Patient Day	\$4,418	\$4,613	\$5,723
2	Net Patient Revenue per Discharge	\$17,231	\$18,258	\$23,590
3	Net Patient Revenue per EPD	\$2,501	\$2,389	\$2,917
4	Net Patient Revenue per ED	\$9,756	\$9,454	\$12,024
5	Net Patient Revenue per CMAEPD	\$1,912	\$1,838	\$2,110
6	Net Patient Revenue per CMAED	\$7,458	\$7,276	\$8,697
<b>G.</b>	<b>Operating Expense Per Statistic</b>			
1	Total Operating Expense per Patient Day	\$4,859	\$4,944	\$6,146
2	Total Operating Expense per Discharge	\$18,953	\$19,567	\$25,331
3	Total Operating Expense per EPD	\$2,751	\$2,560	\$3,132
4	Total Operating Expense per ED	\$10,731	\$10,132	\$12,911
5	Total Operating Expense per CMAEPD	\$2,103	\$1,970	\$2,266
6	Total Operating Expense per CMAED	\$8,204	\$7,798	\$9,339
<b>H.</b>	<b>Nursing Salary and Fringe Benefits Expense</b>			
1	Nursing Salary Expense	\$17,871,610	\$16,272,813	\$16,612,248
2	Nursing Fringe Benefits Expense	\$7,469,549	\$6,268,543	\$6,871,624
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$25,341,159</b>	<b>\$22,541,356</b>	<b>\$23,483,872</b>
<b>I.</b>	<b>Physician Salary and Fringe Expense</b>			
1	Physician Salary Expense	\$5,249,817	\$5,349,273	\$5,506,935
2	Physician Fringe Benefits Expense	\$1,170,003	\$867,350	\$771,654
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$6,419,820</b>	<b>\$6,216,623</b>	<b>\$6,278,589</b>
<b>J.</b>	<b>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>			
1	Non-Nursing, Non-Physician Salary Expense	\$14,239,774	\$16,329,168	\$15,846,036
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,868,930	\$6,291,068	\$6,895,421
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$20,108,704</b>	<b>\$22,620,236</b>	<b>\$22,741,457</b>
<b>K.</b>	<b>Total Salary and Fringe Benefits Expense</b>			
1	Total Salary Expense	\$37,361,201	\$37,951,254	\$37,965,219
2	Total Fringe Benefits Expense	\$14,508,482	\$13,426,961	\$14,538,699
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$51,869,683</b>	<b>\$51,378,215</b>	<b>\$52,503,918</b>

MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	217.4	196.0	195.0
2	Total Physician FTEs	21.2	21.5	18.0
3	Total Non-Nursing, Non-Physician FTEs	285.4	287.5	294.0
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>524.0</b>	<b>505.0</b>	<b>507.0</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$82,206	\$83,025	\$85,191
2	Nursing Fringe Benefits Expense per FTE	\$34,359	\$31,982	\$35,239
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$116,565</b>	<b>\$115,007</b>	<b>\$120,430</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$247,633	\$248,803	\$305,941
2	Physician Fringe Benefits Expense per FTE	\$55,189	\$40,342	\$42,870
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$302,822</b>	<b>\$289,145</b>	<b>\$348,811</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$49,894	\$56,797	\$53,898
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,564	\$21,882	\$23,454
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$70,458</b>	<b>\$78,679</b>	<b>\$77,352</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$71,300	\$75,151	\$74,882
2	Total Fringe Benefits Expense per FTE	\$27,688	\$26,588	\$28,676
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$98,988</b>	<b>\$101,739</b>	<b>\$103,558</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,929	\$2,968	\$3,558
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,425	\$11,746	\$14,666
3	Total Salary and Fringe Benefits Expense per EPD	\$1,658	\$1,537	\$1,814
4	Total Salary and Fringe Benefits Expense per ED	\$6,468	\$6,083	\$7,475
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,268	\$1,183	\$1,312
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,945	\$4,681	\$5,407